Health Risk Behaviors of Kansans 1994

State of Kansas Governor
Bill Graves

Kansas Department of Health and Environment Secretary
James J. O'Connell

Report Preparation:

Paula Marmet, Director, Bureau of Chronic Disease and Health Promotion

Michael Perry, Program Coordinator, Behavioral Risk Factor Surveillance System, Bureau of Chronic Disease and Health Promotion

Stephen Pickard, MD, Medical Epidemiologist, Bureau of Chronic Disease and Health Promotion

Jennie Tasheff, Program Coordinator, Healthy Kansans 2000, Bureau of Chronic Disease and Health Promotion

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ACKNOWLEDGEMENTS

This report was prepared by the Bureau of Chronic Disease and Health Promotion (BCDHP) within the Kansas Department of Health and Environment. It is part of the Department's ongoing commitment to assess lifestyle-related health behaviors of Kansans. The health information contained in this report will assist public health leaders in effectively targeting program interventions that decrease the risk of chronic diseases, acute illnesses, injuries, and premature death.

Special recognition is extended to the survey staff who made the 1994 Kansas Behavioral Risk Factor Surveillance Survey possible. Their dedication and perseverance resulted in data that are highly representative of health behaviors in the Kansas population.

Survey Director:
Karen Pippert

Telephone Interviewers:
Monica Irick Albert Gallegos Nancy Perih Michael Perry

A special thank you also goes to the staff of the Bureau of Chronic Disease and Health Promotion for sharing office space and equipment with interviewers, to the Office of Government and Community Relations staff for assistance in publicizing the survey results and for their desk top publishing services, and to the Centers for Disease Control and Prevention staff for their technical support and assistance with the analysis of the data.

The survey staff also extend their thanks to the residents of Kansas who participated in the survey. The information gathered during the survey will serve as a basis for evaluating our progress towards achievement of the Kansas Department of Health and Environment mission to protect and improve the health and environment of Kansans through the wise stewardship of resources.

The BCDHP welcomes comments and suggestions on the content and format of this report and on the data reported. Additional statistics not contained in this report may be available upon request. Please direct all comments, questions, and requests to:

BRFSS Program Coordinator
Kansas Department of Health and Environment
Bureau of Chronic Disease and Health Promotion
Landon State Office Building, 9th Floor
Topeka, Kansas 66612-1290
(913) 296-1207

EXECUTIVE SUMMARY

To determine the behavioral risk factors for chronic diseases and injury, the Kansas Department of Health and Environment utilizes the Behavioral Risk Factor Surveillance System (BRFSS) to conduct a representative state-wide telephone survey of Kansas residents, aged 18 and older. Throughout 1994, 1,441 Kansans were surveyed to assess their knowledge, attitudes, and health behaviors that contribute to unnecessary disability, disease, and premature death in Kansas. This report presents the results of the fourth in a series of surveys conducted to identify behavioral health risk trends in Kansas. Highlights from the Kansas 1994 Behavioral Risk Factor Survey are presented below.

Safety Belt Use/Non-Use: Nearly half (48%) of Kansans do not always use a safety belt when they drive or ride in a car.

Overweight: Almost a quarter (23%) of Kansans are overweight.

Physical Activity/Sedentary Lifestyle: Three-fifths (61%) of Kansans have sedentary lifestyles A third (34%) do not exercise at all.

Fruit and Vegetable Consumption: Only 31% of Kansans consume the recommended five or more servings of fruits and vegetables a day.

Cigarette Use: Over one-fifth (22%) of Kansans currently smoke cigarettes.

Smokeless Tobacco Use: Nearly a tenth (8%) of male Kansans use smokeless tobacco products.

Acute/Binge Drinking: Fourteen percent of Kansans have had at least five drinks on a single occasion, one or more times during the past month.

HIV/AIDS: Ten percent of Kansans aged 18-64 are "at risk" (self-reported risk is high or medium) for contracting the HIV virus.

Breast Cancer Screening: About a fifth (17%) of adult women aged 20 and older have not received a recent clinical breast examination. Twenty-nine percent of women aged 40 or older have not received a mammogram within the past two years.

Cervical Cancer Screening: Nearly a fifth (17%) of adult women aged 18 and older with a uterine cervix have not had a Pap smear test within the past two years.

Diabetes: Four percent of Kansans have diabetes.

Health Care Coverage: Ten percent of Kansans have no form of health care coverage.

Immunizations: Among Kansans aged 65 and older, 38% have not received a influenza vaccination during the past 12 months and 63% have never received a pneumonia vaccination.

Fire Safety: Fourteen percent of Kansans do not have a working smoke detector in their home.

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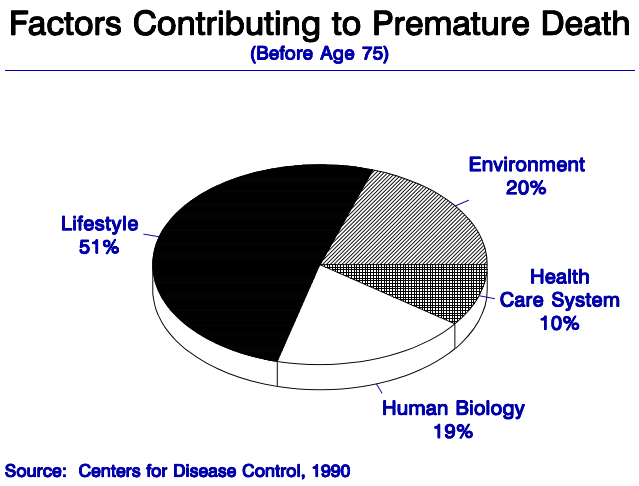
INTRODUCTION

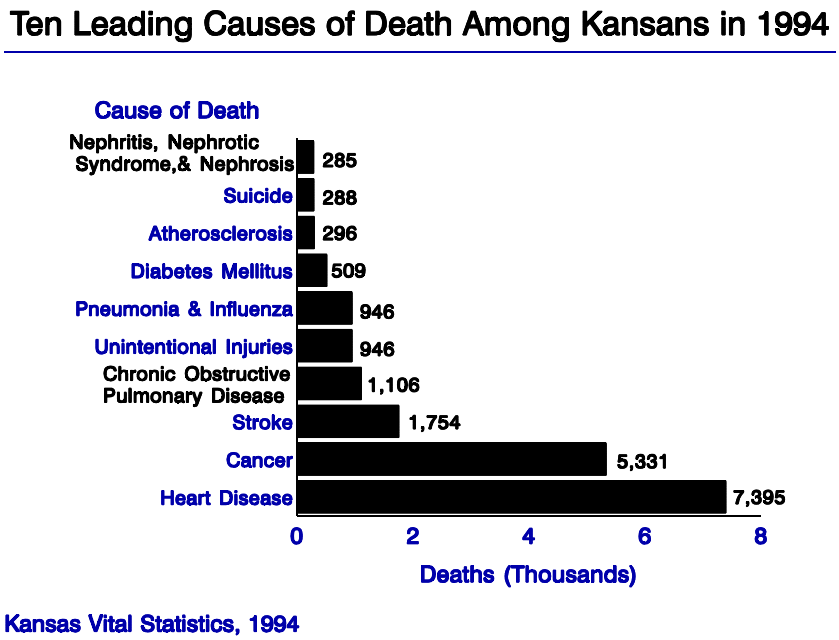
Every year thousands of Kansans die prematurely or suffer disability from chronic diseases (e.g. heart disease, cancer, diabetes) and unintentional injuries. A substantial portion of the mortality and morbidity caused by chronic disease and unintentional injury could be prevented through lifestyle modifications and proper use of preventive health services. Lifestyle behaviors which contribute to chronic diseases include cigarette smoking, physical inactivity, poor eating habits, alcohol misuse, and underutilization of preventive health services. Preventive health services which are underutilized include immunizations, routine check-ups, and breast and cervical cancer screenings. It has been estimated that over half of the factors leading to premature death are lifestyle-related (Fig. 1).

Figure 1



To effectively lower the rate of premature mortality and morbidity, public health leaders need reliable data to formulate intervention strategies, justify resources to support these strategies, evaluate the impact of interventions and programs, and propose new policies or legislation. The Kansas Behavioral Risk Factor Surveillance System (BRFSS) is designed to assess and monitor behavioral health risk trends over time by collecting data on behaviors, knowledge, and attitudes that contribute to the leading causes of death (Fig. 2).

Figure 2



METHODOLOGY

BACKGROUND

The Behavioral Risk Factor Surveillance System (BRFSS) is a national data collection system, coordinated by the Centers for Disease Control and Prevention, designed to enable public health professionals to assess health risk behaviors known to contribute to or increase the risk of chronic disease, acute illness, injury, disability, and premature death. The Kansas Behavioral Risk Factor Surveillance System (BRFSS) established baseline prevalence estimates for chronic disease and injury risk factors in 1990. Baseline estimates were provided through a random-digit-dialed telephone survey of 820 adult participants in the fall of 1990. The Kansas BRFSS has been an ongoing survey since January, 1992. Data were collected monthly to account for potential seasonal variations in health risk behaviors. This report represents results solely from the 1,441 surveys completed during the 1994 calendar year.

SAMPLING

The telephone survey was conducted using a simple random digit sampling method in which all people over the age of 18, living in a household with a telephone, have an equal chance of selection. Area codes and prefix listings were obtained through the Southwestern Bell Corporation. Using this six digit number (area code and prefix) the CDC, Office of Surveillance and Analysis generated a random sample of all possible telephone exchanges in Kansas. The six digits were assigned all possible four digit suffixes, from which a randomly selected sample was obtained for use in the survey. Pre-screening of the sample at the state level was conducted to eliminate businesses, institutions, and nonworking exchanges.

DATA COLLECTION

Kansas residents were interviewed by telephone, using a standardized questionnaire developed and field tested by the CDC. The questionnaire consisted of three parts, core survey questions, CDC supported optional modules, and state added questions. The core questions pertained to weight control, obesity, cigarette use, women's health issues, AIDS/HIV, diabetes, health care coverage, fruit and vegetable consumption, exercise, weight control, and demographic variables. CDC supported modules pertained to alcohol consumption, smokeless tobacco use, safety belt use, and immunizations. State-added questions were related to smoking in the work place and smoke detectors.

Interviewing took place during two weeks of each month throughout 1994. Potential working telephone numbers were dialed during three separate calling periods (daytime, evening, and weekends) for a total of 20 call attempts before being replaced. Upon reaching a valid residential number, one household member aged 18 or older was randomly selected using the Kish respondent selection procedure[1]. This selection process cross referenced the last digit in the telephone number with the number of adults in the household to eliminate potential over sampling and bias in the sample. If the selected respondent was not available, an appointment was made to call at a later date. If the correct respondent could not be reached during the survey calling period or refused to participate on three separate occasions, the telephone number was replaced with another randomly selected number.

WEIGHTING PROCEDURE

The weighting process for survey data was conducted by the CDC, Office of Surveillance and Analysis. Applying weights to the data set made possible applicable projections of the sample to the general population of Kansas. The responses of each person interviewed were assigned a weight which accounted for the number of telephone numbers in the household, the number of adults in the household, and the demographic distribution of the sample. By weighing the data, the responses of people were adjusted to compensate for the over-representation or under-representation of particular subgroups. The percentages outlined in this report represent an assessment of the behavioral risk factors for the general population and subgroups of the population of Kansas.

DATA ANALYSIS

Data and statistical analyses presented in this report were performed by the CDC, Office of Surveillance and Analysis except where indicated. For data quality, the true population prevalence was evaluated at the 95% confidence interval. The 95% confidence interval ensures that if the sample were repeated, the same responses would be given 95% of the time. The charts and tables of the various risk factors presented in this document are broken down by age, gender, education level, income level, employment status, marital status, and population density. Survey data from 1994 were not broken down by race because the number of respondents within each race category, other than non-hispanic white, were not large enough to provide reliable estimates. In the future, aggregation of several years of survey data may provide statistically reliable estimates by racial breakdown.

In the calculation of percentages of the population at risk for specific surveyed behaviors, respondents who indicated "don't know" or "refused" were not included. This will account for varied sample sizes from question to question. One exception to this is the income category in which 18% of the sample responded "don't know" or "refused." Since this represents a substantial proportion of respondents, this response is included in the tables that break down the income category. When the results are generalized to the population, an assumption was made that the proportion of respondents at risk was the same for those with missing or unknown information as for those who provided adequate information. Overall total estimated prevalence figures include all respondents, which allows for reliable generalizations to be made to the population of Kansas as a whole.

DATA RELIABILITY

Telephone interviewing has been demonstrated to be a reliable method for collecting behavioral risk data and can cost three to four times less than other interviewing methods such as mail-in interviews or face-to-face interviews. The United States Bureau of Census indicates that only 4% of the households in Kansas do not have a telephone at any one given time. Prevalence projections made in this report assume that the 4% of Kansans that do not have a telephone will have the same risk prevalence as the 96% of Kansans that do have a telephone; however, since telephone ownership is largely dependent on income, the survey may underestimate the prevalence of some risk categories such as lack of health insurance.

The BRFSS methodology has been utilized and evaluated by the CDC and other participating states for over 10 years. Content of survey questions, questionnaire design, data collection procedures, surveying techniques, and editing procedures have been thoroughly evaluated to maintain overall data quality and to lessen the potential for bias within the population sample.

INTERPRETATION OF RESULTS

Data for each behavioral risk factor were broken down demographically by age group, gender, education, income, employment, marital status, and population density. The complete demographic breakdown for each risk factor can be found in the appendices. The age group and gender categories of surveyed Kansans are shown in Table 1. The other demographic categories are shown in Table 2. The education categories are comprised of those with less than a high school diploma, high school graduate, some college (i.e. technical or vocational school and partial college education with less than a four year degree), and college graduate (those who have a 4 year college degree and/or a postgraduate degree). Annual household income categories are less than $10,000, $10,000-$19,999, $20,000-$34,999, $35,000-$50,000, greater than $50,000, and unknown/refused.

The employment status category is comprised of people who are employed for wages, self-employed, retired, and those who are not employed (those out of work, homemakers, students, and those unable to work). Marital status comprises those who responded they were married, divorced or separated, widowed, and never married or unmarried couple. Population density is broken down by counties which have 150 or more persons per square mile (urban), counties with 20-149 persons per square mile (mixed urban and rural), and counties with fewer than 20 persons per square mile (rural), according to the 1990 U.S census[2]. Population density is figured by taking the number of inhabitants in the area divided by the number of square miles in the area. A list of Kansas counties according to the population density of the county is provided in the appendices.

The demographic characteristics for the 1994 representative sample of 1,441 participants are presented in Tables 1 and 2. The comparison of weighted versus unweighted data demonstrates the sample differences when weighing the data. The weighing procedure provides a more reliable representation of the actual population of the state. Therefore, all results presented in this report were calculated using the weighted data. Sample size and demographic variable cell size for each risk factor are reported in the appendices.

Table 1 presents the unweighted and weighted sample proportions by age and gender, along with the 1990 census population estimates. A comparison of unweighted and weighted sample proportions show that in the unweighted data, those aged 18-24 years are under-represented and those aged 65 and older were over-represented. Within sample proportions by gender, males were slightly under-represented while females were slightly over-represented in the unweighted sample.

Table 2 presents an additional demographic description of the 1994 BRFSS data. The unweighted and weighted percentages for education, income, employment status, marital status, and population density were very similar. In the marital breakdown, the unweighted sample under-represented those who were married and over-represented those who were widowed and those who were divorced or separated.

Each of the remaining chapters of this document presents the results for one of fourteen health risk behaviors. Included in each chapter is the estimated prevalence of the profiled risk behavior

within the Kansas population and within certain subpopulations (e.g. age group, income level, education level). The Healthy Kansans 2000 objectives pertaining to the profiled risk factor are also

included in each chapter.

The survey data reported in this document are most precise if reported for the entire survey population. If specific subgroup population data are to be used, reference should be made to appendices to evaluate the sample size of the specific subgroup.

TABLE 1

Comparison of the 1994 BRFSS Sample (Weighted and Unweighted) and Kansas 1990 Census Populations Estimates by Age Group and Gender

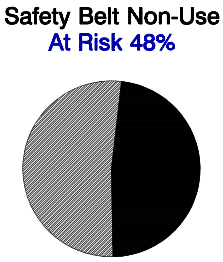
Demographic Characteristics	Unweighted Sample (%)	Weighted Sample (%)	Intercensal Population Estimates (%)
Age Group			
18-24	8.7	13.5	14.1
25-34	20.8	21.8	22.7
35-44	22.6	20.5	19.8
45-54	15.0	13.3	12.9
55-64	9.2	11.1	11.5
65 & Over	22.6	19.1	18.9
Unknown/Refused	0.6	0.6	*
Gender			
Male	42.6	48.2	48.2
Female	57.3	51.8	51.8

(*) Indicates that unknown/refused does not apply to intercensal estimates.

Table 2

Demographic Description of the 1994 BRFSS Sample in Percent

Demographic Characteristics	Unweighted Sample	Weighted Sample
Education		
< High School Grad.	10.8	10.8
High School Graduate	31.2	31.8
Some College	31.0	31.1
College Graduate	26.6	26.0
Unknown/Refused	0.3	0.3
Income		
< $10,000	7.2	6.6
$10,000-$19,999	17.1	16.3
$20,000-$34,999	25.6	25.9
$35,000-$50,000	18.9	20.3
> $50,000	12.6	13.0
Unknown/Refused	18.3	17.9
Employment Status		
Employed for Wages	55.2	56.0
Self-Employed	9.9	9.9
Not Employed for Wages	12.9	14.9
Retired	21.8	19.1
Unknown/Refused	0.2	0.1
Marital Status		
Married	57.3	65.6
Divorced/Separated	13.8	9.0
Widowed	11.2	6.7
Never Married/Unmarried Couple	16.9	18.3
Unknown/Refused	0.8	0.4
Population Density		
Urban	47.5	47.5
Rural	17.1	17.2
Mixed Urban and Rural	32.7	33.0
Unknown/Refused	2.7	2.3



Safety Belt Non-Use: *Respondents who reported they do not always use a safety belt when they drive or ride in an automobile.*

Safety Belt Non-Use

Background

Motor vehicle crashes are the leading cause of unintentional death and injury in Kansas. Each year over 400 persons are killed and over 25,000 persons are injured in motor vehicle crashes in Kansas. It has been estimated that the proper use of safety belts by adults can reduce the risk of death in a motor vehicle crash by 40-50%[3], and the correct use of a child safety seat can reduce the risk of death by approximately 70%[4]. In 1994, 80% of passenger car occupants killed in motor vehicle crashes in Kansas were not using a safety restraint[5].

Who's At Risk Among Kansans

In 1994, 52% of adult Kansans reported wearing their safety belt "always" compared to 48% of survey respondents who used safety belts nearly always, sometimes, seldom, or never. Women (42%) were less likely to report safety belt non-use than men (54%). Among Kansans aged 18-24, the age group with the highest motor vehicle fatality rate, 57% did not always use a safety belt. In general, safety belt non-use was most common among Kansans who had less than a high school diploma, Kansans with household incomes below $10,000, the self-employed, and Kansans living in rural areas. Safety belt non-use decreased with advancing age, higher levels of education, and rising income. Among children, 94% of children 0-4 years old were reported to always use a car safety seat and 67% of children 5 to 14 years old were reported to always use a safety belt by the adult respondent in the household. Overall, among children aged 14 or younger, 74% always used a safety restraint.

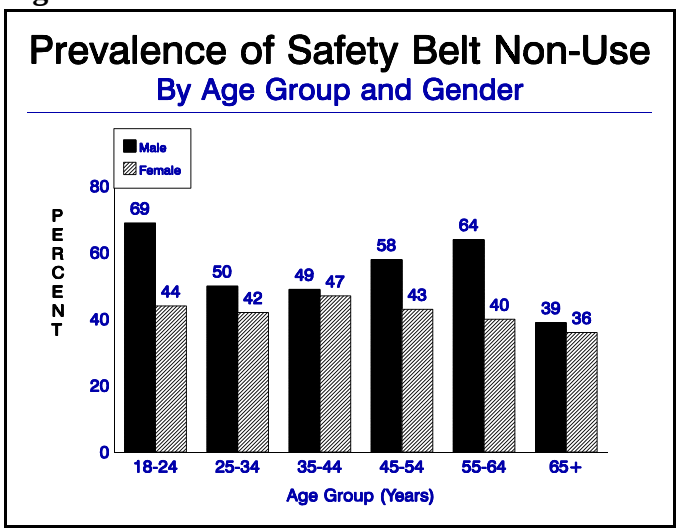
Kansas and the United States

Among the nine states asking car safety restraint questions, Kansas ranked 7th in the percentage of residents using their safety belt. New Mexico had the lowest rate of safety belt non-use (19%) and Wyoming had the highest rate of safety belt non-use (56%). In 1993, the last year every state asked safety restraint questions, Kansas ranked 40th in safety belt non-use (48%). Hawaii reported the lowest rate of non-use (10%). South Dakota reported the highest rate of safety belt non-use in 1993 (69%). The median rate of U.S. safety belt non-use in 1993 was 36%.

Healthy Kansans 2000 Objectives	Healthy Kansans 2000 Target	Kansas 1994	United States 1994
Increase the proportion of adults aged 18 and older who always use a safety belt.	$70%	52%	66%*
Increase the proportion of children aged 0-4 who always ride in car safety seat.	$95%	94%	97%*

* Only nine states asked questions relating to safety restraint use in 1994.

Figure 3



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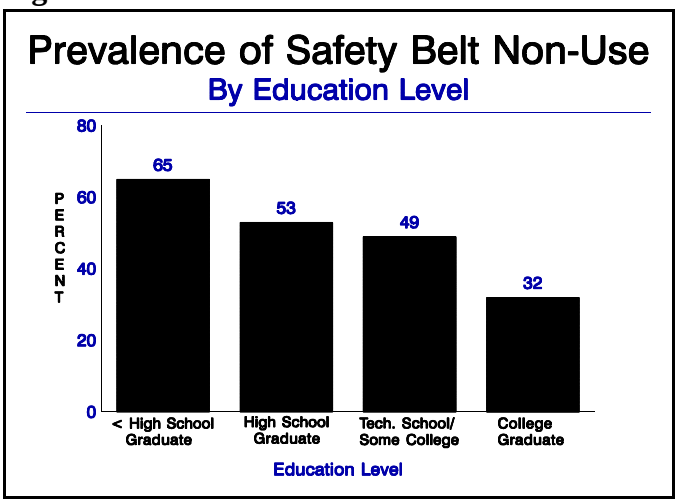

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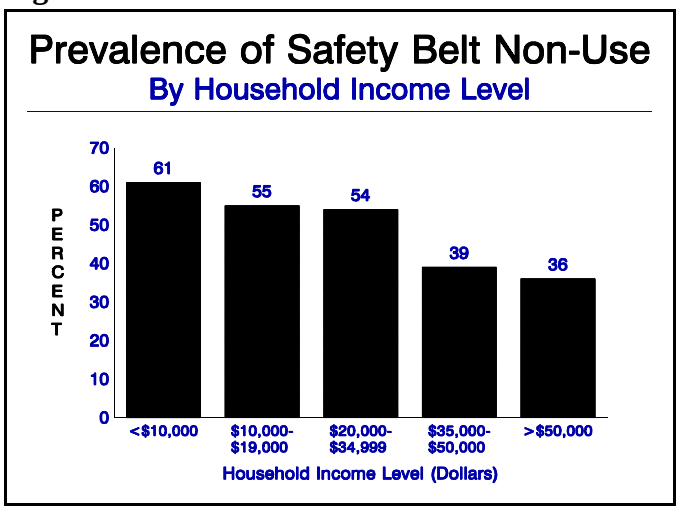

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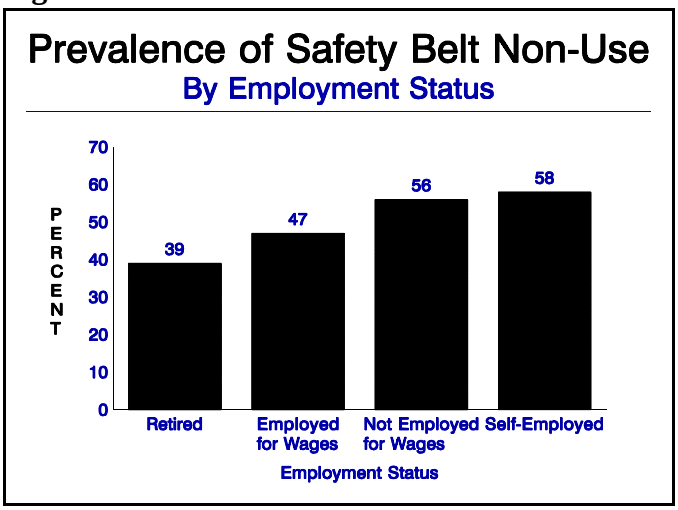

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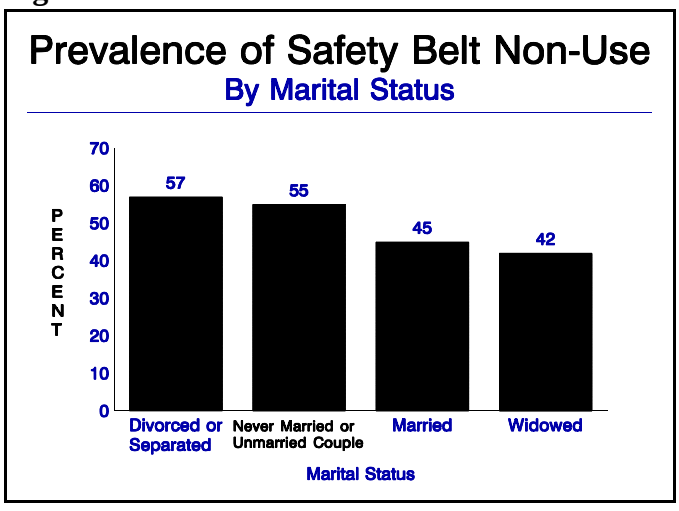

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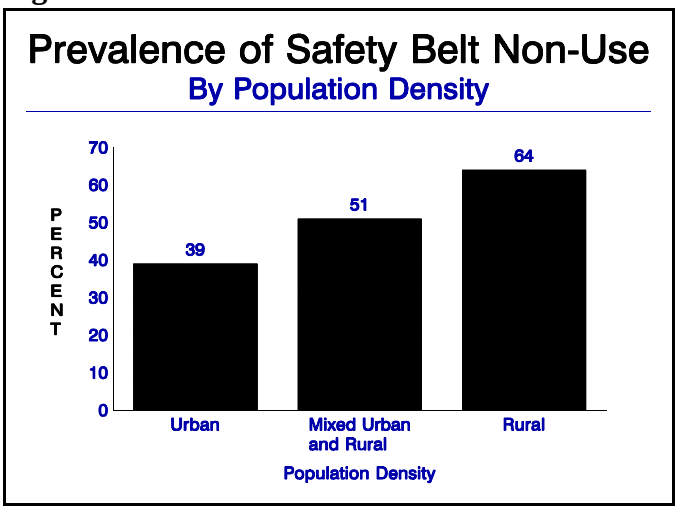
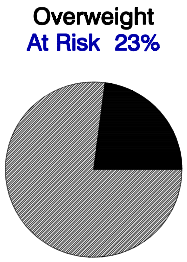




Overweight: *Based on Body Mass Index (BMI). BMI is defined as weight in kilograms divided by height in meters squared (kg/m^2). Males with a BMI of $\geq$ 27.8 and females with a BMI $\geq$ 27.3 are considered overweight.*

Overweight

Background

There is an increased risk for general excess mortality associated with being overweight and the risk for excess mortality increases with higher body mass indexes[6]. Being overweight is associated with elevated blood cholesterol, high blood pressure, noninsulin-dependent diabetes mellitus, and increased risk of developing coronary heart disease[7]. Being overweight also increases a person's risk of developing gall bladder disease, degenerative joint disease, and some types of cancer[7]. Health experts recommend a well-balanced, low-fat, high fiber diet in conjunction with regular physical exercise to help achieve or maintain normal body weight.

Who's At Risk Among Kansans

Self-reported height and weight survey data show that 23% of all adult Kansans are overweight based on BMI. Men were more likely to report being overweight than women, and the data indicated that overweight prevalence increased with age until age 55 at which point it began to decline. Kansans with less than a high school diploma, the self-employed, divorced or separated Kansans, and Kansans living in rural counties were at increased risk of being overweight.

Characteristics of Overweight Kansans

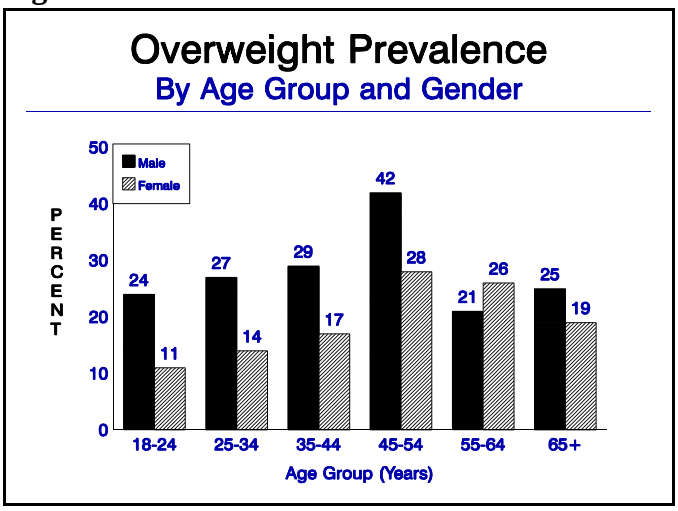
Among overweight Kansans, 81% had seen a doctor for a routine check-up during the past 2 years; yet only 21% of those persons were advised by a health professional to lose weight. Fifty-four percent of overweight Kansans indicated they were trying to lose weight. Of those trying to lose weight 89% were eating less fat and/or fewer calories, 45% were using exercise to lose weight, and 41% were doing both to lose weight.

Kansas and the United States

Kansas had the 4th lowest percentage of overweight persons based on BMI in the United States. Hawaii ranked 1st in the U.S. with only 20% of Hawaiians being overweight based on BMI. Mississippi ranked last with 32% of persons reporting they were overweight based on BMI.

Healthy Kansans 2000 Objective	Healthy Kansans 2000 Target	Kansas 1994	United States 1994
Reduce the prevalence of overweight among Kansans aged 18 and older.	#20%	23%	27%

Figure 9



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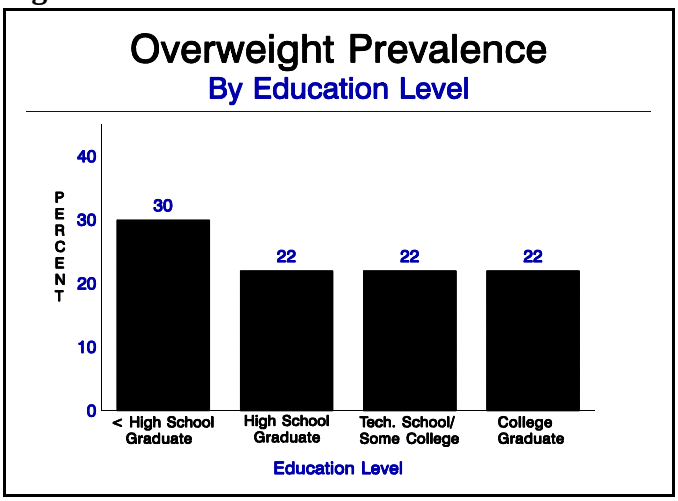

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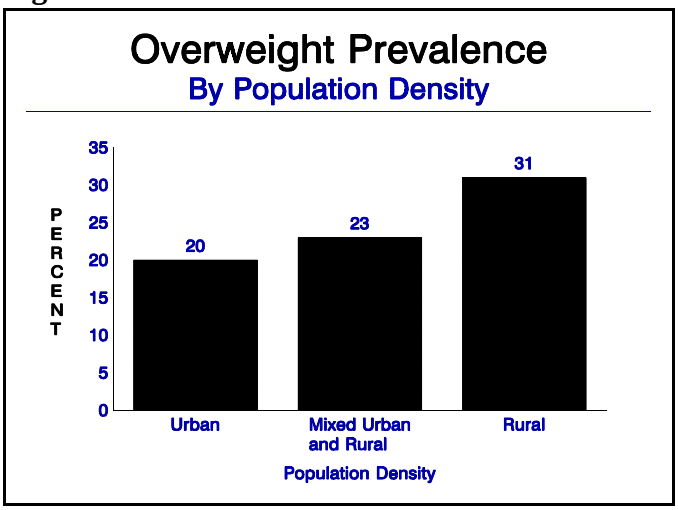
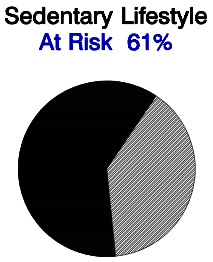




Sedentary Lifestyle: *Persons who reported no physical activity or physical activity less than 3 times a week for less than 20 minutes each time, excluding job-related activity.*

Sedentary Lifestyle

Background

Engaging in regular physical activity has been shown to improve both physical and mental health. Generally, persons who are physically active outlive those who are inactive. Physically inactive people have twice the risk of developing coronary heart disease. Engaging in regular physical activity can help prevent and manage coronary heart disease, hypertension, non-insulin dependent diabetes, obesity, and osteoporosis. Lack of physical activity has been linked to colon cancer, and stroke. Regular physical activities which build muscular strength, endurance, and flexibility helps protect against injury and disability. Regular physical activity helps prevent and control depression and anxiety. Remaining physically active is an important component in helping older adults maintain their functional independence[7]. It is recommended that at a minimum every person exercise or engage in physical activity at least 3 times a week for a minimum of twenty minutes each time.

Who's At Risk Among Kansans

Three-fifths (61%) of adult Kansans were at risk for leading a sedentary lifestyle. A third (34%) of respondents reported participating in no physical activity of any kind and 26% reported activity levels of less than three times a week for 20 minutes each time. Men were slightly more likely to be sedentary (63%) than women (59%). The risk of living a sedentary lifestyle generally increased with age, and decreased with increasing income and education. Kansans who were widowed, self-employed, or living in rural areas were also more likely to be sedentary.

Kansas and the United States

Kansas ranked 36th in the U.S. in the percentage of persons leading sedentary lifestyles (61%). Oregon and Washington state reported the lowest percentage residents leading sedentary lifestyles (48%). The District of Columbia ranked last with 74% of persons leading sedentary lifestyles. Kansas ranked 38th in the percentage of persons engaging in no leisure-time physical activity. Colorado had the lowest percentage of residents not engaging in any leisure-time physical activity (17%). The District of Columbia reported the highest percentage of residents engaging in no form of physical activity (49%).

Healthy Kansans 2000 Objective	Healthy Kansans 2000 Target	Kansas 1994	United States 1994
Increase the proportion of Kansans engaging in regular physical activity at least 5 times a week for at least 30 minutes.	$40%	17%	20%
Decrease the proportion of Kansans engaging in no leisure time physical activity.	#15%	34%	29%

Figure 12

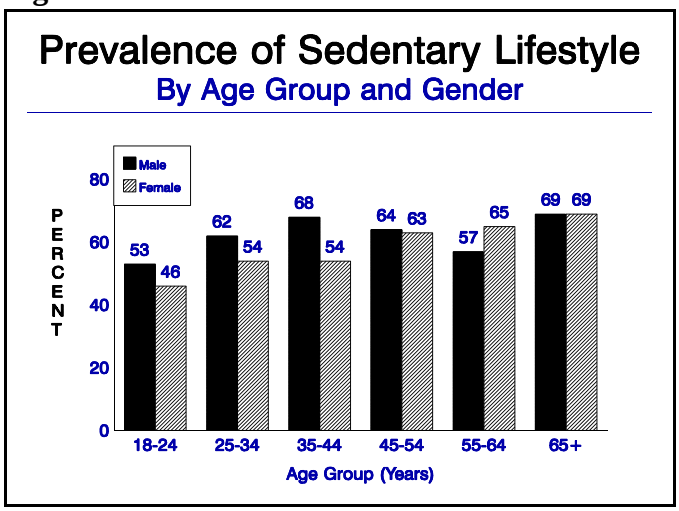
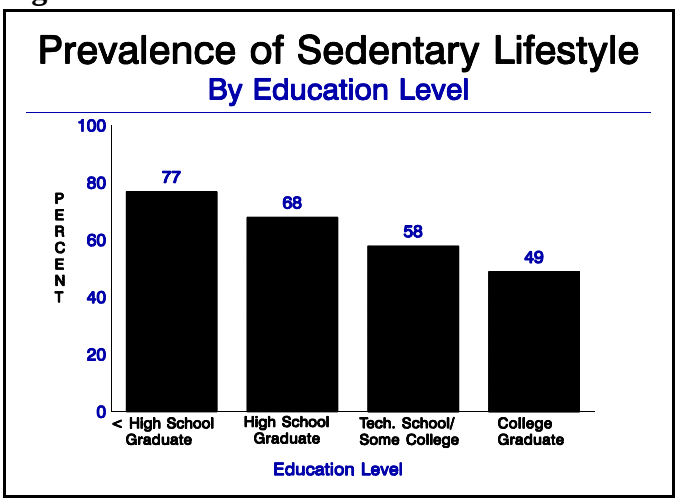


Figure 13



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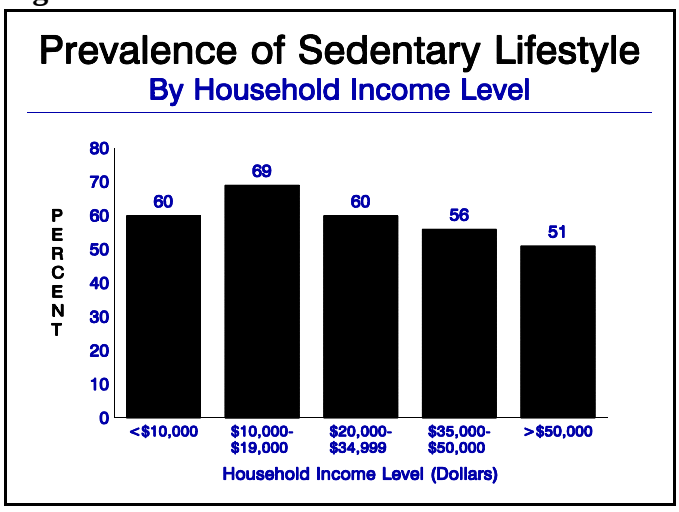
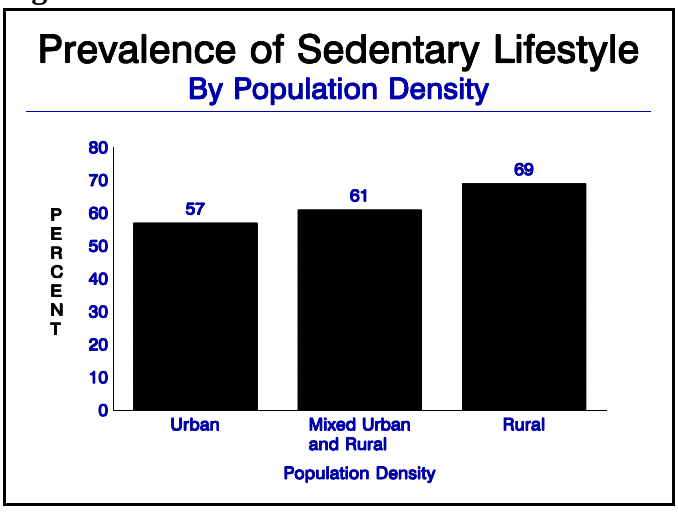
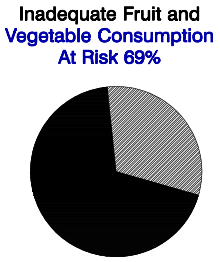


Figure 15





Inadequate Fruit and Vegetable Consumption: *Persons who reported consuming less than 5 servings of fruits and vegetables a day.*

Fruit and Vegetable Consumption

Background

Proper nutrition is important for maintaining good health. Dietary factors play a major role in the development of at least 5 of the 10 leading causes of death (heart disease, stroke, noninsulin-dependent diabetes mellitus, atherosclerosis, and some types of cancer)[7]. Fruits and vegetables play an essential role in maintaining good health. Fruits and vegetables are high in complex carbohydrates, fiber, minerals, and vitamins, and are generally low in fat content. Populations consuming diets rich in these foods have substantially lower rates of cancers of the colon, breast, lung, mouth, throat, stomach, bladder, cervix, and pancreas[8].

Who's At Risk Among Kansans

Survey data collected on fruit and vegetable intake showed that 31% of respondents consumed 5 or more servings of fruits and vegetables per day, 40% consumed 3 but less than 5 servings per day, 26% consumed 1 to less than 3 servings per day, and only 3% consumed less than one serving of a fruit or vegetable each day. Women (33%) were slightly more likely than men (29%) to consume 5 or more servings of fruits and vegetables. The proportion of Kansans who consumed more than 5 servings of fruit and vegetables a day generally increased with advancing age. Kansans who were retired, widowed, or lived in rural counties were more likely to eat 5 servings or more of fruits and vegetables each day.

Kansas and the United States

Kansas ranked 3rd in the United States in the percentage of persons consuming 5 or servings of fruit and vegetables daily (31%). Connecticut ranked first with 33% of persons consuming 5 or more servings of fruits and vegetables daily. Mississippi ranked last with only 14% of Mississippians consuming at least 5 servings of fruits and vegetables each day.

Healthy Kansans 2000 Objective	Healthy Kansans 2000 Target	Kansas 1994	United States 1994
Increase fruit and vegetable consumption to $ 5 servings a day.	$25%	31%	22%

Figure 16

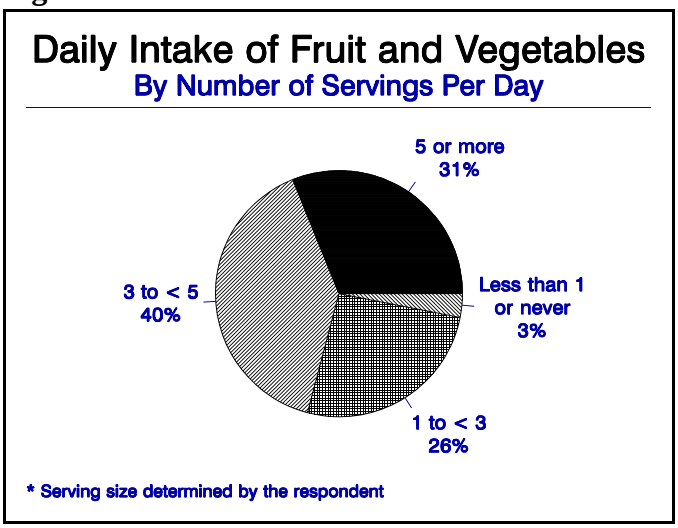


Figure 17

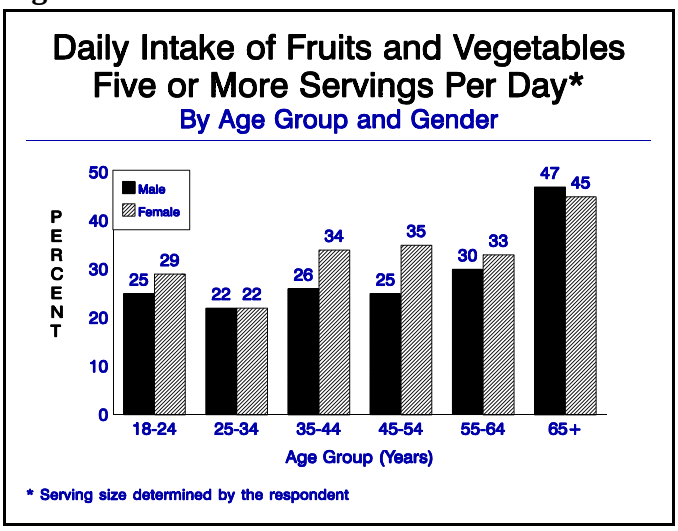
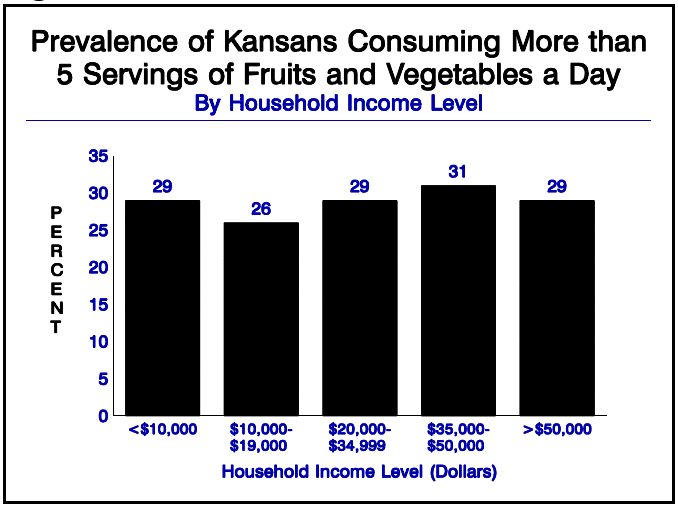
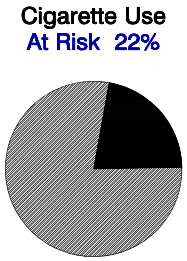


Figure 18





Ever Cigarette Smokers: *Respondents who reported having smoked 100 cigarettes in their lifetime.*
Current Cigarette Smokers: *Respondents who reported having smoked 100 cigarettes in their lifetime and are current smokers.*
Former Cigarette Smokers: *Respondents who reported having smoked 100 cigarettes in their lifetime but do not smoke now.*

Cigarette Use

Background

Cigarette smoking is the single most preventable cause of premature death and disability in Kansas. Cigarette use is responsible for nearly one in five deaths in Kansas and smokers lose an average of 15 years of life[9]. Smokers have twice the risk of death as persons who have never smoked[10]. Smoking is associated with cancers of the lung, mouth, pharynx, larynx, esophagus, pancreas, uterine cervix, kidney, and bladder. It is responsible for 30% of all cancer deaths and 87% of lung cancer deaths[9]. Smoking is a major cause of cardiovascular diseases and lung diseases such as emphysema, pneumonia, and bronchitis. Women who smoke during pregnancy are more likely to have children who suffer complications such as low birthweight and sudden infant death syndrome (SIDS)[11]. Environmental tobacco smoke (ETS) or secondhand smoke, a combination of smoke from a burning cigarette and smoke exhaled by the smoker, is known to cause respiratory illnesses and infections, and contributes to heart disease and lung cancer[9]. It has been recommended by the National Institute for Occupational Safety and Health that exposure to ETS in the work place be reduced to the lowest feasible concentration by eliminating smoking in the work place or designating separately ventilated smoking areas.

Among persons who smoke the health benefits of cessation would be substantial. At every age, people who quit smoking live longer than those who continue smoking[9]. Smokers who quit before they are 50 years old have only half the risk of dying during the next 15 years as those persons who continue smoking[9]. Smoking cessation substantially decreases the risk of lung, laryngeal, esophageal, oral, pancreatic, bladder, and cervical cancers, as well reducing the risk of developing coronary heart disease and cardiovascular disease[9].

Who's At Risk Among Kansans

In 1994, 44% of respondents reported that they were ever cigarette smokers and the estimated prevalence of current cigarette use among adult Kansans was 22%. Twenty-three percent of men and 20% of women reported being current smokers. The prevalence of smoking decreased with rising levels of education and income. Divorced or separated Kansans and Kansans who were not employed for wages were at increased risk for current smoking.

Characteristics of Current Smokers

Nearly nine out of every ten (87%) current smokers smoked every day during the past thirty days. Current smokers smoked almost a pack (mean=19.3 cigarettes) of cigarettes each day. The average annual expenditure on cigarettes for each smoker was $615.26 (figured by taking the number of packs smoked in a year, based on daily cigarette consumption, multiplied by $1.75 for the cost of a pack of cigarettes). Among current smokers who smoked all 30 days during the past month, 41% indicated that they had quit smoking for at least one day during the

Figure 19

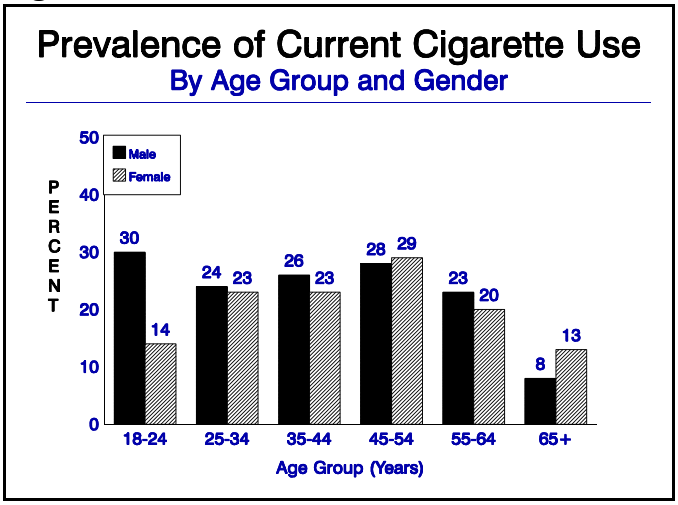


Figure 20

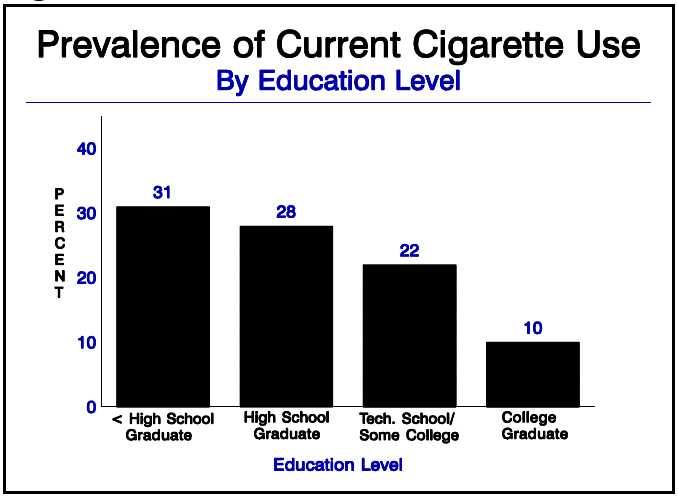


Figure 21

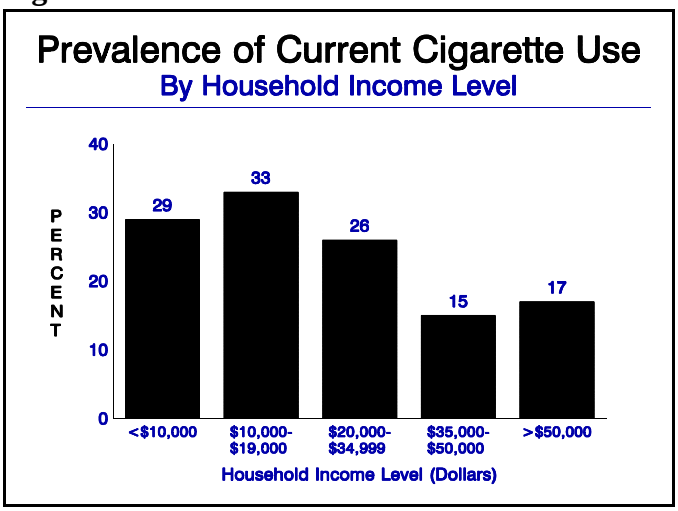


Figure 22

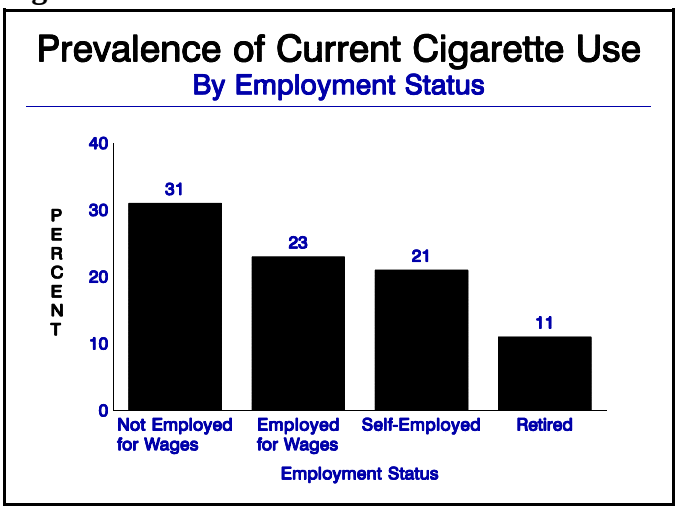


Figure 23

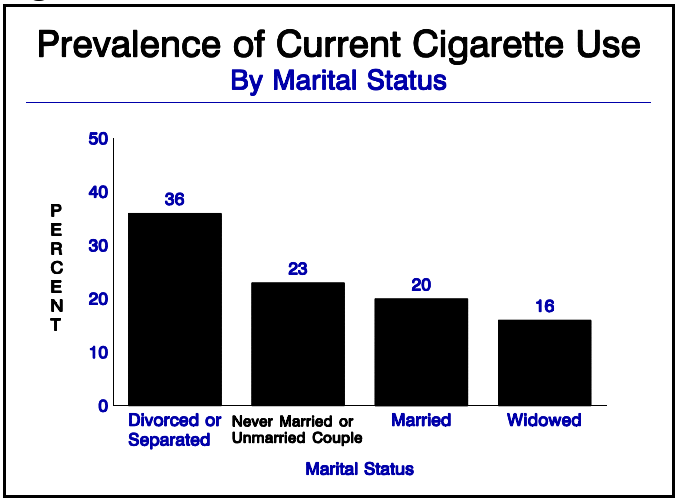
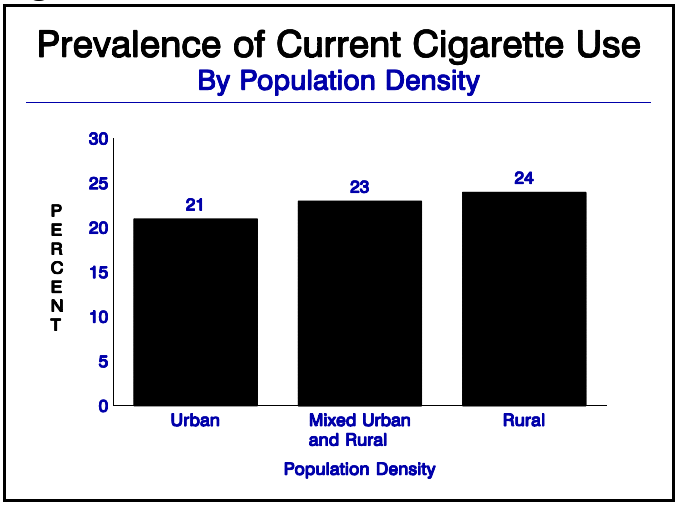


Figure 24



past 12 months.

Characteristics of Former Smokers

Fifty-one percent of all Kansans who have ever smoked have quit smoking. Twenty-three percent of Kansans are former smokers. Fifteen percent of former smokers had quit within the past year, 21% quit 1 to 5 years ago, 28% quit 5 to 15 years ago, and 35% quit 15 or more years ago. Ever smokers with higher levels of education and income were more likely to have quit smoking than Kansans with less education and income. The percentage of ever smokers who have successfully quit also increased with age; however, this may be partly attributable to both the higher rates of mortality affecting current smokers as they age and to the increased number of smokers who successfully quit smoking.

Smoking in the Workplace

In 1994, of those respondents working outside the home, 60% reported they were employed in a work site where no smoking was allowed inside; 25% reported smoking was restricted to a few designated areas, 3% were employed in work sites where smoking was allowed except where posted, and 12% were employed in work sites that allowed unrestricted smoking.

Kansas and the United States

Kansas ranked 21st in the U.S. in the percentage of current smokers (22%). The District of Columbia reported the lowest rate of smoking with only 15% of D.C. residents being current smokers. Nevada reported the highest rate of smoking with 29% of Nevadans being current smokers.

Healthy Kansans 2000 Objective	Healthy Kansans 2000 Target	Kansas 1994	United States 1994
Reduce the prevalence of current smoking.	#15%	22%	23%
Increase the proportion employed adults working in smokefree work sites.	$60%	60%	Not Available

Figure 25

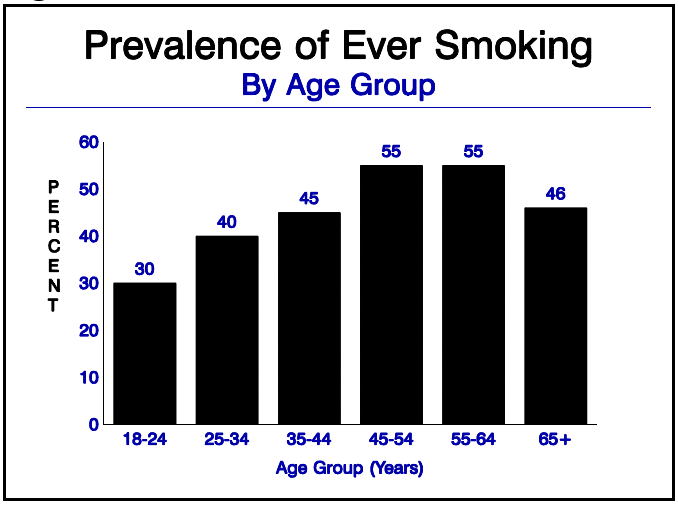


Figure 26

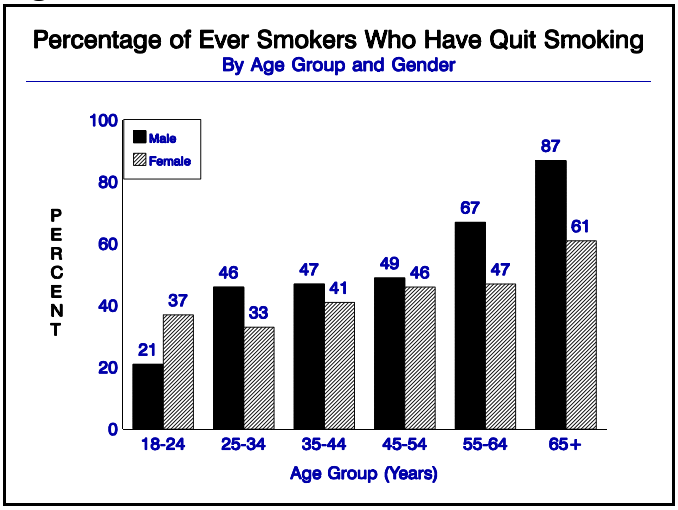


Figure 27

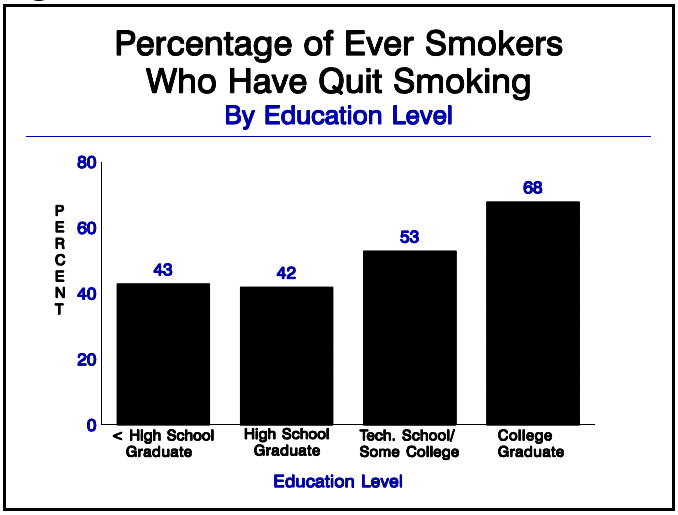


Figure 28

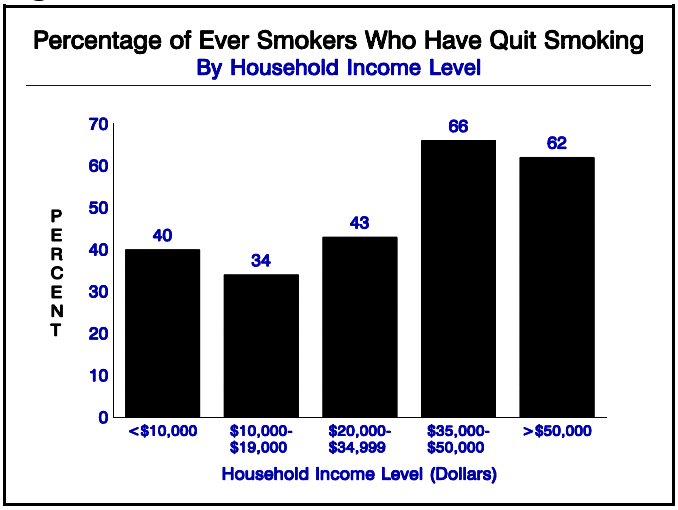


Figure 29

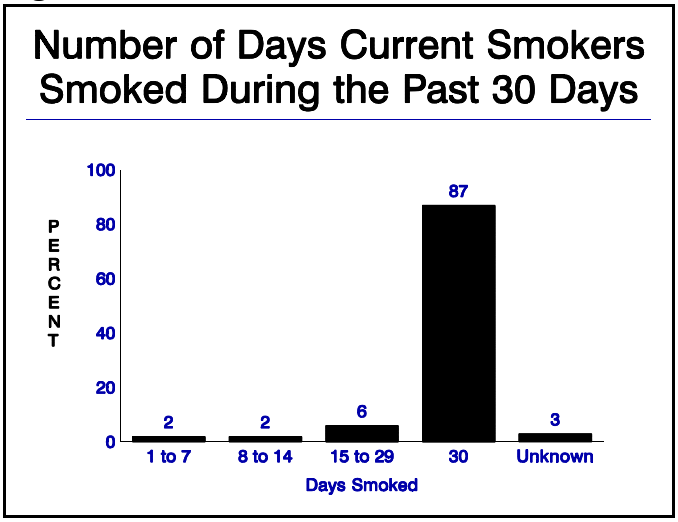
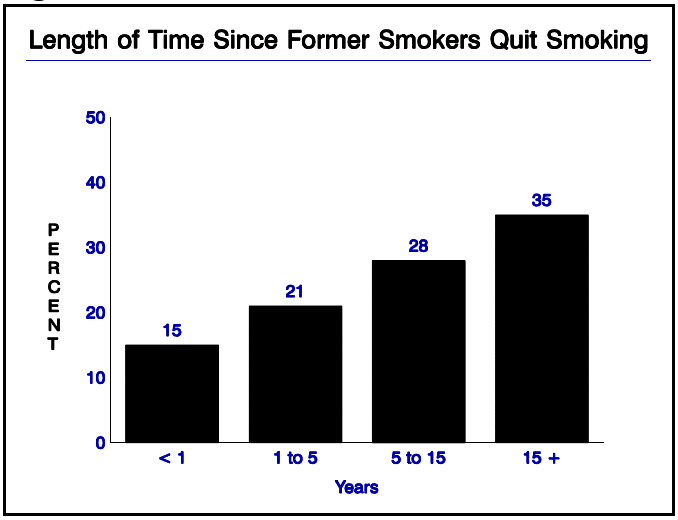
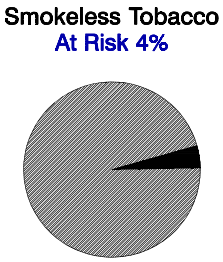


Figure 30





Smokeless Tobacco User: *Persons who report they currently use smokeless tobacco products such as chewing tobacco and snuff.*

Smokeless Tobacco Use

Background

Smokeless tobacco use is often believed to be a less addictive, safer way of using tobacco; however, smokeless tobacco users absorb up to twice the nicotine (the substance in tobacco which makes it addictive) that cigarette users do[12]. Smokeless tobacco poses substantial health risks. Oral cancer occurs several times more frequently among oral tobacco users than among non-users. Excess risk of cancer of the cheek and gum is 50 times more common among long-term oral tobacco users compared to non-users[12]. Smokeless tobacco use has been linked to cancers of the gum, mouth, pharynx, larynx, and esophagus, and to gum diseases such as gingivitis. It may also play a role in cardiovascular disease and stroke through increases in blood pressure, vasoconstriction, and irregular heart beat[12].

Who's At Risk Among Kansans

In 1994, 17% of adult Kansans (32% of males) reported that they had ever used or tried smokeless tobacco, 4% reported current use of smokeless tobacco. One-fourth (24%) of all adult Kansans who had ever tried smokeless tobacco reported that they currently use smokeless tobacco products. Eight percent of men reported current smokeless tobacco use, while less than one percent (0.2%) of women reported current smokeless tobacco use, making smokeless tobacco use almost exclusively a male phenomenon. Smokeless tobacco use was greatest in the youngest age groups, among Kansans with less than a high school diploma, Kansans who had never married or were members of an unmarried couple, and those living in rural counties.

Kansas and the United States

Among the 24 states which asked questions regarding smokeless tobacco use, Kansas had the 13th lowest percentage of males currently using smokeless tobacco products (8%). The District of Columbia (1st) reported the lowest percentage of male smokeless tobacco users (0.4%). West Virginia reported the highest percentage of males using smokeless tobacco (17%).

Healthy Kansans 2000 Objective	Healthy Kansans 2000 Target	Kansas 1994	United States 1994
Reduce smokeless tobacco use by males aged 18 and older.	#4%	8%	8%*

* Only 24 states asked questions regarding smokeless tobacco use.

Figure 31

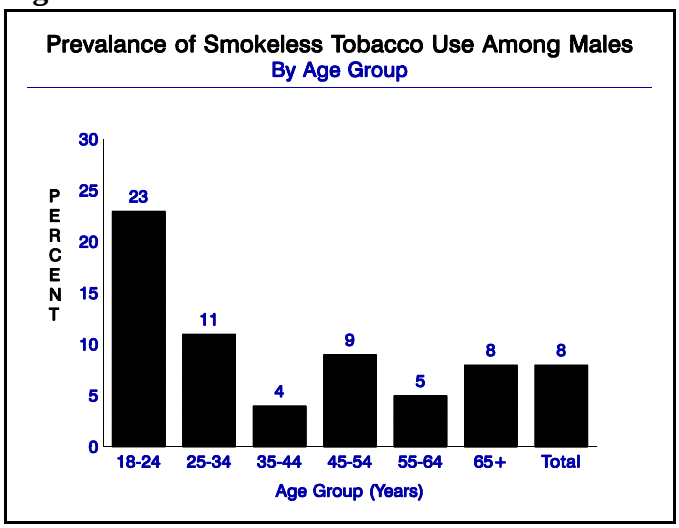


Figure 32

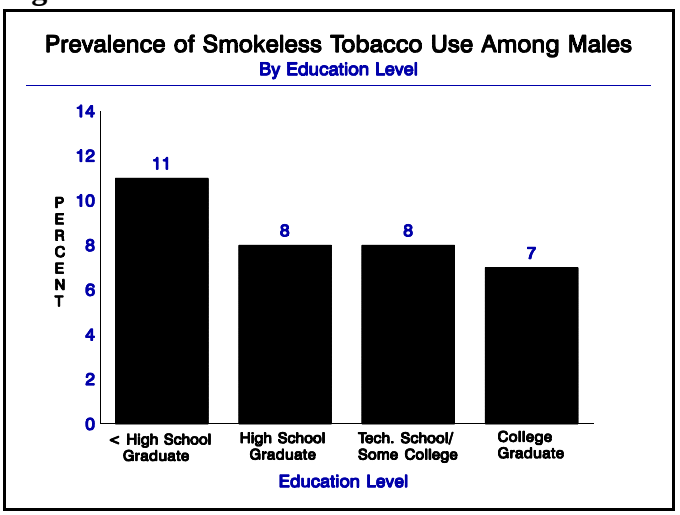


Figure 33

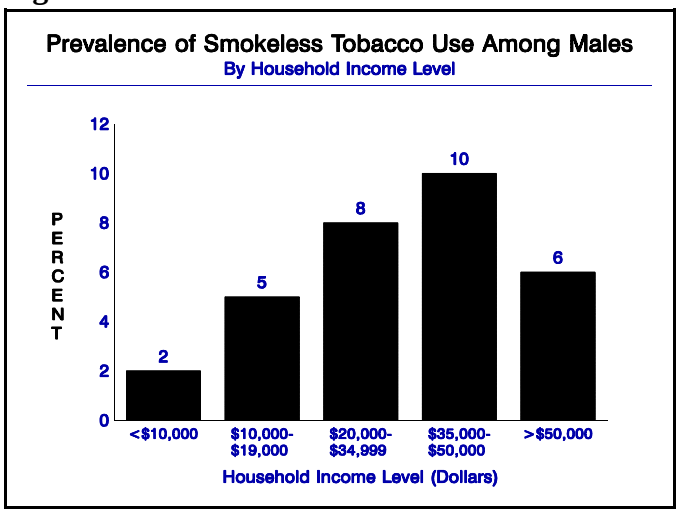


Figure 34

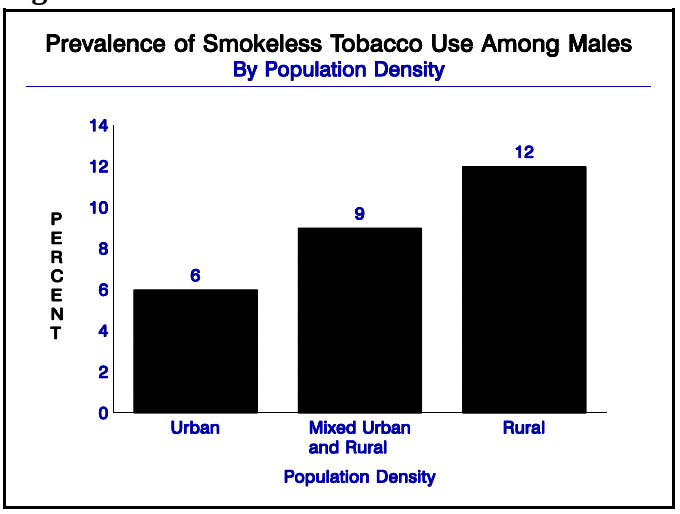
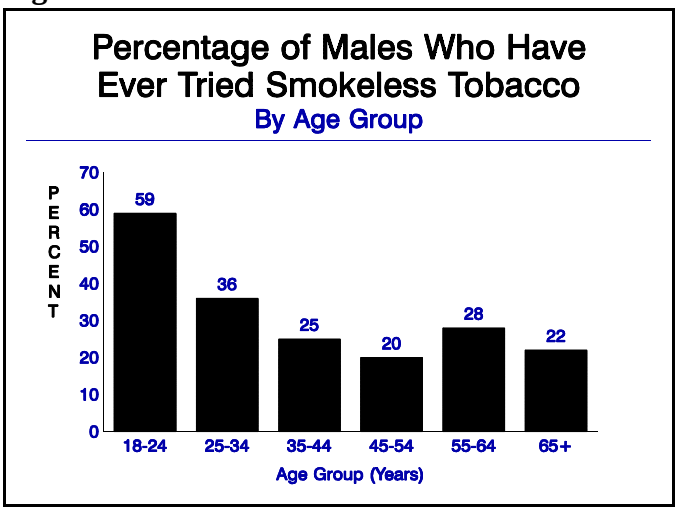
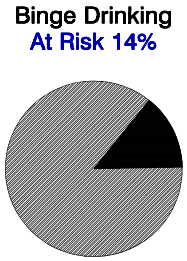


Figure 35





Acute/Binge Drinking: *Respondents who reported having five or more drinks on an occasion, one or more times during the past month*
Chronic Drinking: *Respondents who reported having an average of 60 or more drinks during the past month.*
Drinking and Driving: *Respondents who reported having driven after having too much to drink, one or more times in the past month.*

Alcohol Consumption

Background

Mortality from all causes is markedly elevated in alcoholics, and approximately 1 out of every 20 deaths is alcohol-related[13]. Alcohol is involved in almost half of all deaths caused by motor vehicle crashes and fatal intentional injuries such as suicides and homicides; additionally, the victims in a third of all homicides, drownings, and boating deaths were intoxicated[13]. Heavy alcohol use on a single occasion may cause alcohol poisoning, which can be fatal, and may lead to sexual risk taking resulting in unwanted pregnancies and sexually transmitted diseases, such as AIDS[13]. Long term consequences of chronic alcohol use include liver disease such as cirrhosis, pancreatitis, degeneration of the heart and skeletal muscle, brain damage, hypertension, and cancers of the liver, esophagus, nasopharynx, and larynx[13]. Chronic alcohol use as also been linked to cancers of the stomach, large bowel, and female breast[13]. Alcohol use during pregnancy is the leading cause of adverse birth outcomes including fetal alcohol syndrome (FAS), low birthweight, congenital birth defects, and impaired development of the child.

Who's At Risk Among Kansans

The estimated prevalence of binge drinking among adult Kansans was 14%. Male Kansans were much more likely to have engaged in binge drinking (23%) than were female Kansans (7%). The prevalence of binge drinking decreased with advancing age. Kansans who were employed for wages, had never married or were members of an unmarried couple, Kansans with greater than a high school education, or those living in urban counties were more likely to report binge drinking during the past month.

Three percent of respondents reported chronic drinking. Men had a much greater prevalence of chronic drinking (5%) than women (1%). The prevalence of chronic drinking generally decreased with advancing age. Kansans who had less than a high school diploma, were employed for wages, or Kansans who had never married or were members of an unmarried couple more frequently reported chronic drinking.

Three percent of respondents reported drinking and driving. Men reported drinking and driving (6%) more often than women (1%). The prevalence of drinking and driving decreased with rising income and advancing age, and increased with higher education levels. Kansans who were college graduates, were employed for wages, or had never married or were members of an unmarried couple reported higher prevalences of drinking and driving.

Figure 36

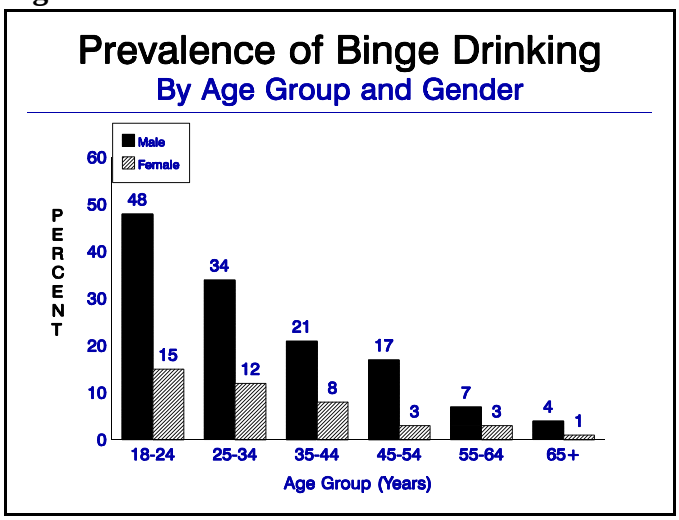


Figure 37

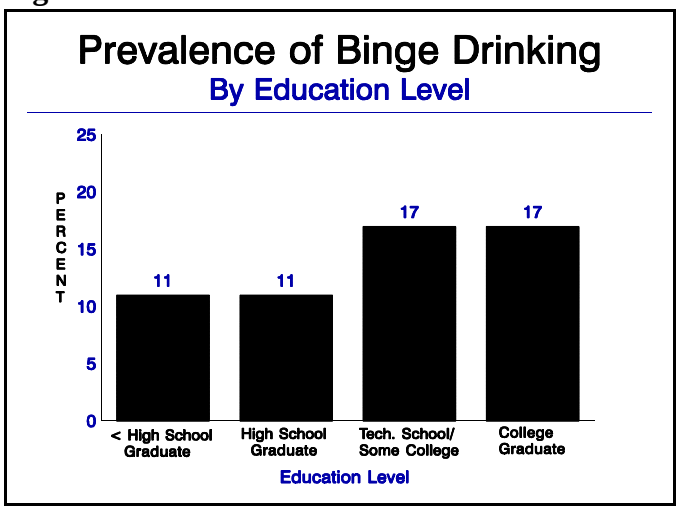


Figure 38

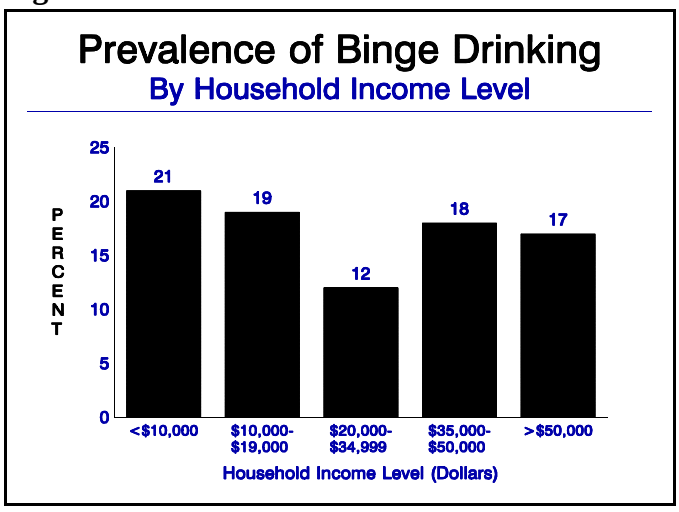


Figure 39

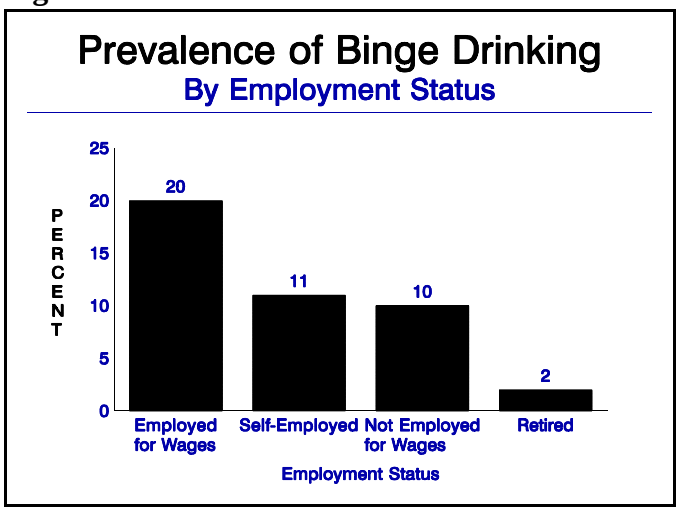


Figure 40

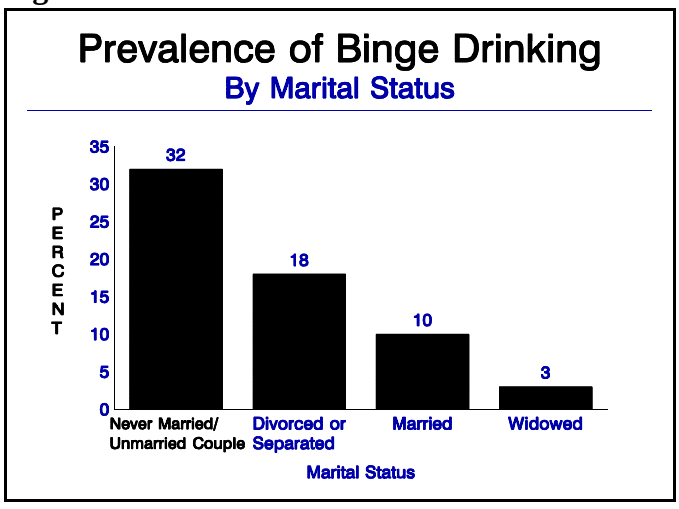
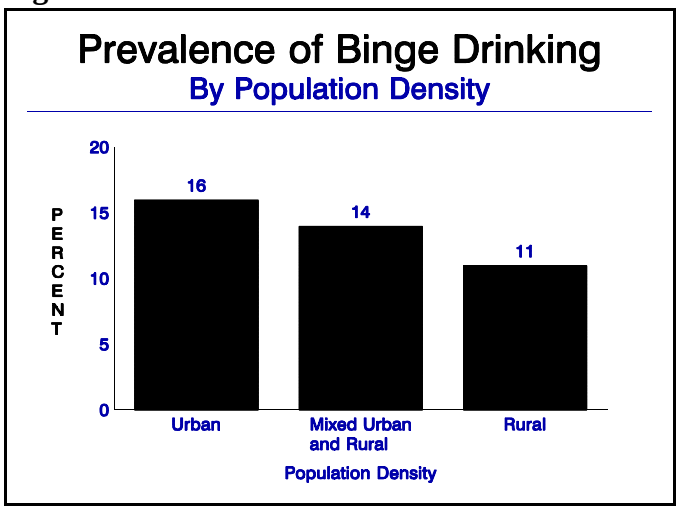


Figure 41



Kansas and the United States

Among the 11 states which asked questions regarding alcohol use in 1994, Kansas had the 5th lowest rate of binge drinking (14%). Oklahoma reported the lowest rate (9%) while Alaska reported the highest rate (24%) of binge drinking. The median rate binge drinking for the eleven states which asked the alcohol questions in 1994 was 15%. In 1993, the last year in which every state asked questions regarding alcohol use, Kansas reported the 14th lowest rate of binge drinking (11%). In 1993, Tennessee reported the lowest rate of binge drinking (4%), while Wisconsin reported the highest rate of binge drinking (23%). The median rate of binge drinking for the United States in 1993 was 14%.

In 1994, Kansas had the 4th lowest rate of chronic drinking among the eleven states. Residents of the District of Columbia reported the lowest rate of chronic drinking (2%). Wisconsin reported the highest rate of chronic drinking (5%). The eleven state median for chronic drinking in 1994 was 3%. In 1993, Kansas reported the third lowest rate of chronic drinking (2%). Tennessee reported the lowest rate of chronic drinking (1%) and Nevada reported the highest rate of chronic drinking (6%). The median rate of chronic drinking in the United States in 1993 was 3%.

In 1994, Kansas had the 6th lowest rate of drinking and driving among the eleven states asking alcohol questions. Arizona reported the lowest prevalence of drinking and driving (1%) and Wisconsin reported the highest prevalence (6%). The eleven state median for drinking and driving in 1994 was 3%. In 1993, the Kansas reported the seventh highest rate of drinking and driving (3%). Wisconsin reported the highest rate of drinking and driving (5%). Maryland and Tennessee reported the lowest rates of drinking and driving (1%). The median rate of drinking and driving in the United States in 1993 was 2%.

Healthy Kansans 2000 Objective	Healthy Kansans 2000 Target	Kansas 1994	United States 1994
The Healthy Kansans 2000 objectives related to alcohol address reductions in alcohol-related mortality; traffic fatalities and cirrhosis, initiation of alcohol use, and policies to reduce alcohol access by minors. There are no Healthy Kansans 2000 alcohol objectives measurable by BRFSS data.			

Figure 42

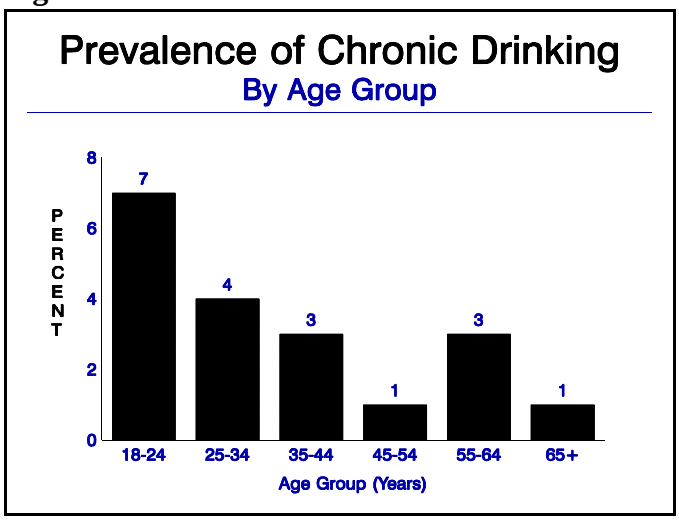


Figure 43

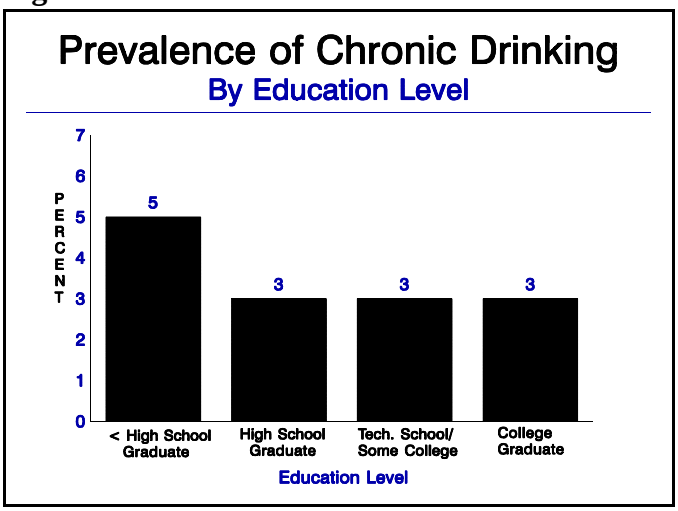


Figure 44

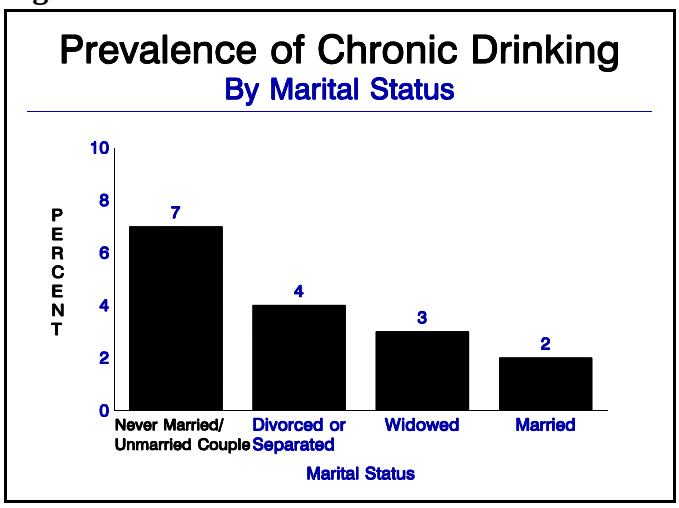


Figure 45

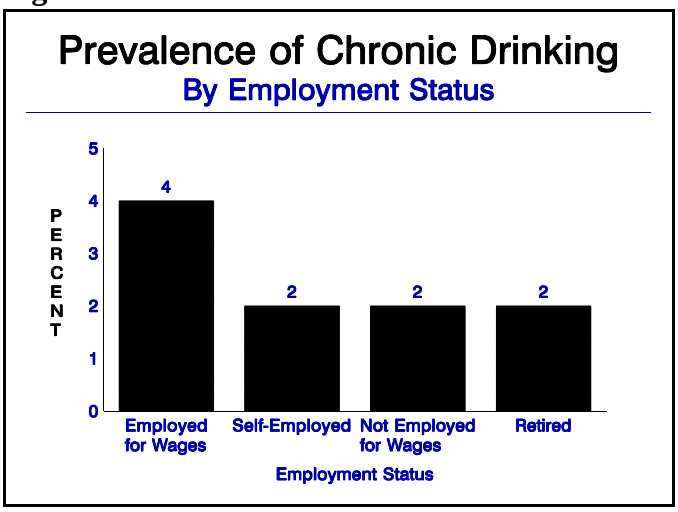


Figure 46

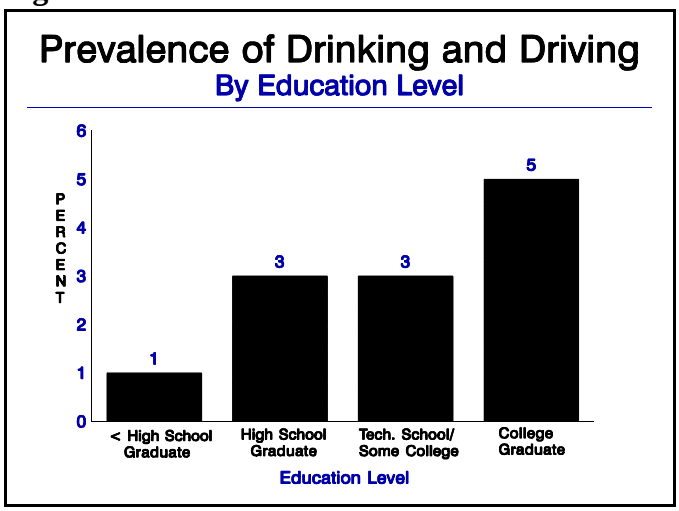
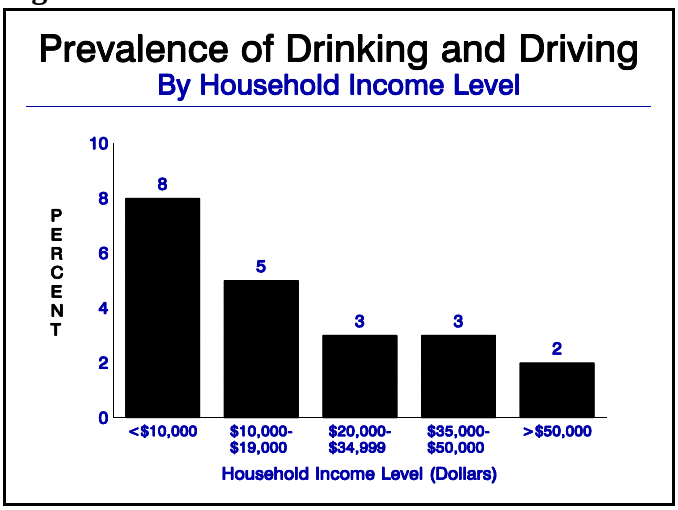
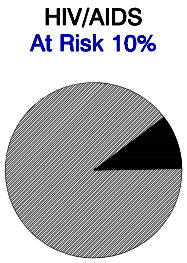


Figure 47





HIV/AIDS At Risk: *Respondents who reported their risk of contracting the HIV virus as medium or high.*

HIV/AIDS

The results presented in this chapter differ from results in previous chapters in that they do not indicate a prevalence of health risk, but represent beliefs and attitudes towards a particular health risk. Only respondents aged 18 to 64 were asked questions relating to HIV/AIDS.

Background

Acquired immunodeficiency syndrome (AIDS) is a life-threatening condition representing the later stages of infection with the human immunodeficiency virus (HIV). Infection with HIV results in slow, progressive damage to the immune system and certain other organ systems.

As the immune system weakens, certain opportunistic infections and cancers not normally seen in healthy individuals result in severe and eventually fatal illness. Over a million persons in the United States are estimated to be infected with HIV, and many are unaware that they have the virus[7]. In Kansas, 1,590 cases of AIDS and 1,008 deaths due to AIDS had been reported through December 31, 1995[14].

Who's At Risk Among Kansans

According to those surveyed, 1% identified their chance of contracting HIV as high, 9% as medium, 37% as low, 47% thought there was no chance they would contract HIV, and 6% were unsure of their risk. Self-reported risk decreased with advancing age and rising income. Kansans with some college, those not employed for wages, and persons who had never married or were members of an unmarried couple were more likely to report being "at risk". Eleven percent of the respondents reported that they believed that their chances of contracting HIV had increased over the past year, 7% reported their chances had decreased, 77% believed they had stayed the same, and 5% were unsure.

HIV Testing Among Kansans

A fourth (25%) of respondents reported that they had been tested for the AIDS virus infection. Of those respondents who had been tested, 74% reported it had been within the past 2 years. Among respondents "at risk" for contracting HIV, 33% reported that they had been tested for HIV. The most common reasons given for being tested were just to see if they were infected (18%), pregnancy (13%), insurance purposes (13%), routine checkup (12%), military service (10%), for employment reasons (7%), hospitalization (6%), and occupational exposure (6%). Most people were tested at their private doctor or HMO (36%), hospital or emergency room (20%), health department (14%), military site (10%), or community health clinic (5%). Among those who had been tested, 83% had received the results of their HIV test and 17% did not. Thirty-two percent of those receiving the results of their test reported they received counseling or talked with a health professional about the results of their test.

Figure 48

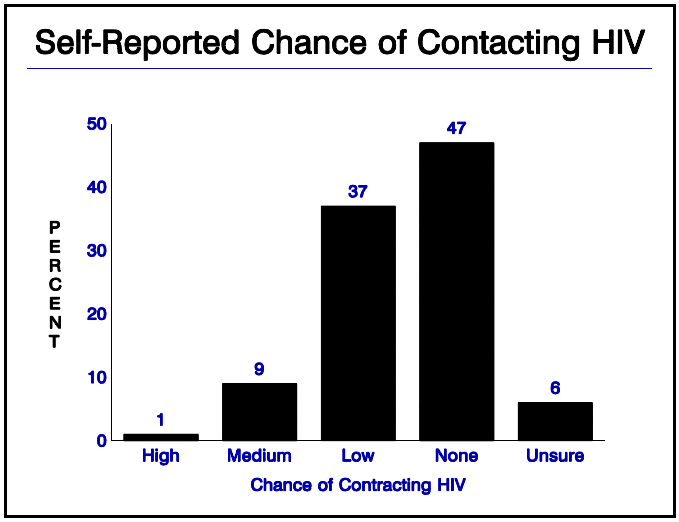


Figure 50

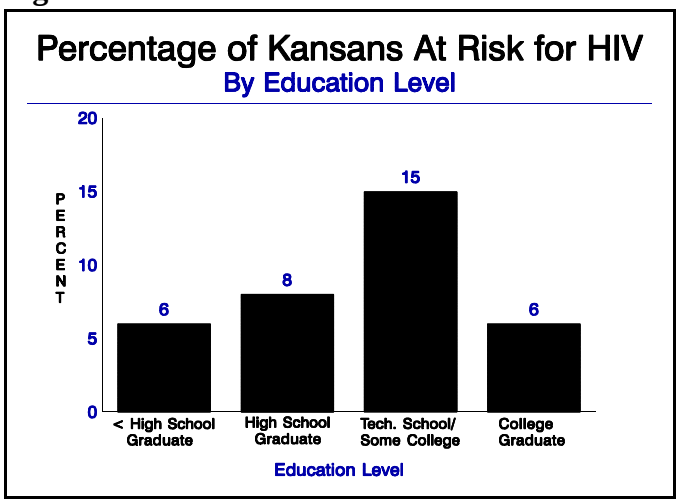
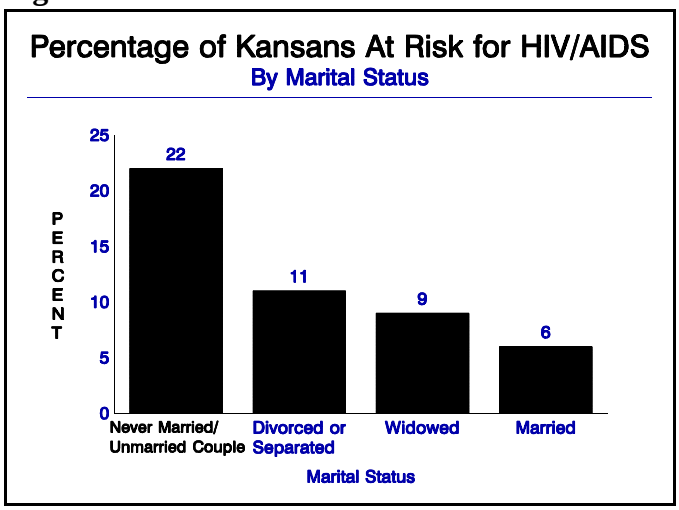


Figure 52



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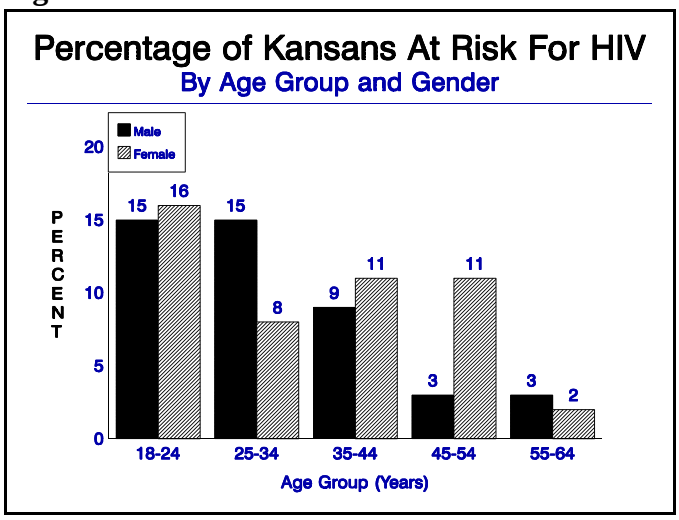


Figure 51

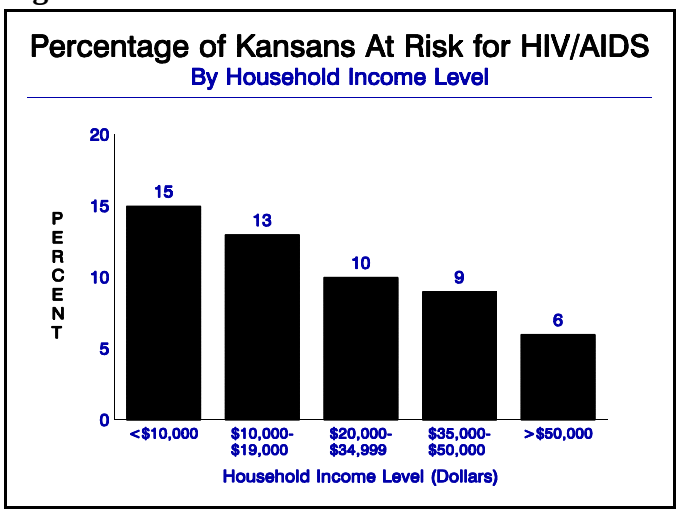
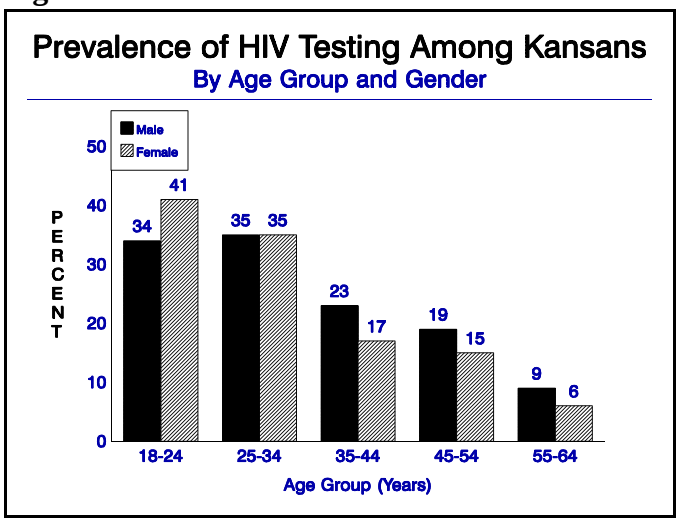


Figure 53



Knowledge and Attitudes Towards HIV/AIDS

Sixty-six percent of respondents reported that they would be willing to work with a person infected with the AIDS virus, 14% would not, and 19% were undecided. Thirty percent of respondents reported that they have personally known someone with AIDS or HIV.

Three-fourths (74%) of the respondents said that if they had a child in school, they would allow their child to be in the same classroom with a child infected with the AIDS virus, 9% would not, and 18% were unsure. When asked at what grade AIDS education should begin in school, 22% said kindergarten, 31% in 1st to 3rd grade, 26% in 4th to 6th grade, 7% after 6th grade, 2% said it should not be taught in school, and 13% were unsure.

When asked about how effective a properly used condom is in preventing the spread of the AIDS virus, 23% correctly responded very effective, 57% responded somewhat effective, 7% said not at all effective, 9% did not know, and 4% refused to answer the question. Eighty-five percent or respondents said that if they had a sexually active teenager, they would encourage him or her to use a condom.

Kansas and the United States

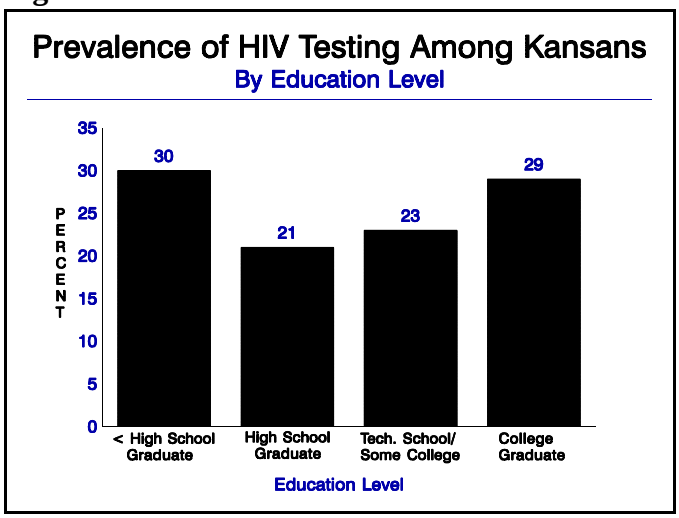
Kansas ranked 48th in the United States in the percentage of persons reporting being "at risk" for contracting HIV (10%). Minnesota ranked 1st with just 5% of Minnesota residents reporting they are "at risk" for HIV. Florida ranked last with 11% of Florida residents reporting they are "at risk for HIV. The median was 7%.

Kansas ranked 47th in the U.S. in the percentage of persons who had been tested for HIV (25%). Virginia ranked 1st with 48% of Virginians having been tested for HIV. Iowa reported the lowest rate of HIV testing (22%). The median was 33%.

Kansas also lagged behind most other states in issues relating to AIDS education. Kansas was 43rd in the percentage of persons who correctly answered that a properly used condom was very effective in preventing AIDS at 23% (median=29%). Kansas ranked 38th in the percentage of persons who would encourage a sexually active teen to use a condom at 85% (median 87%). However, Kansans were less likely to report that they would not allow their child to attend classes with a child who had HIV, ranking 5th at 9% (median=13%).

Healthy Kansans 2000 Objective	Healthy Kansans 2000 Target	Kansas 1994	United States 1994
The Healthy Kansans 2000 objectives related to HIV/AIDS address controlling the increase HIV infection, AIDS cases, and in AIDS mortality. There are no Healthy Kansans 2000 HIV/AIDS objectives measurable by BRFSS data.			

Figure 54



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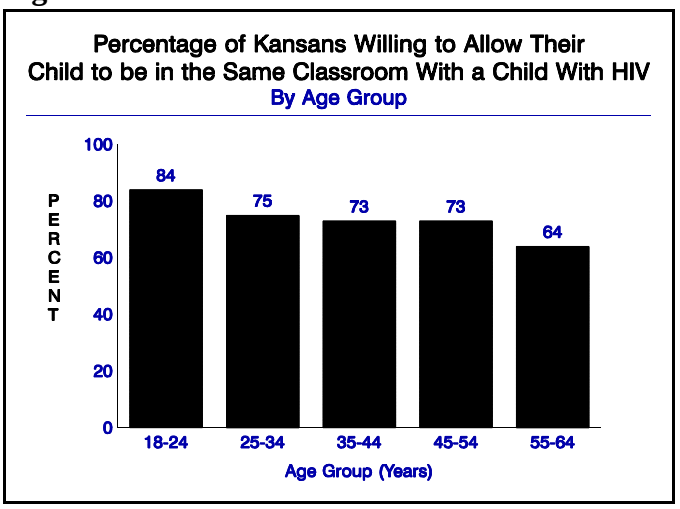

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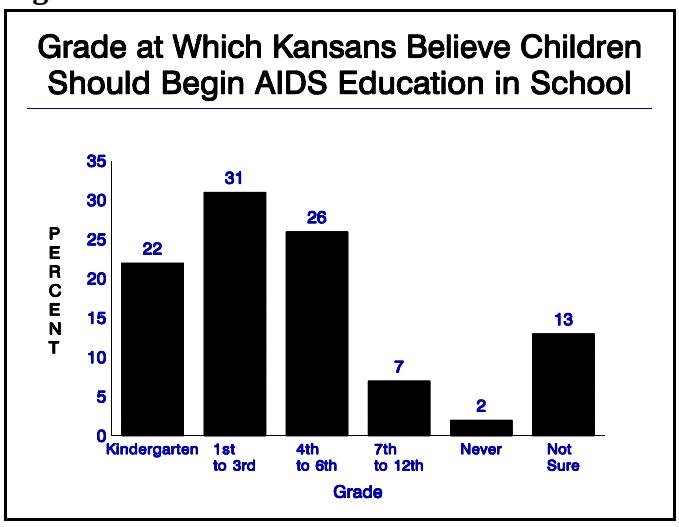

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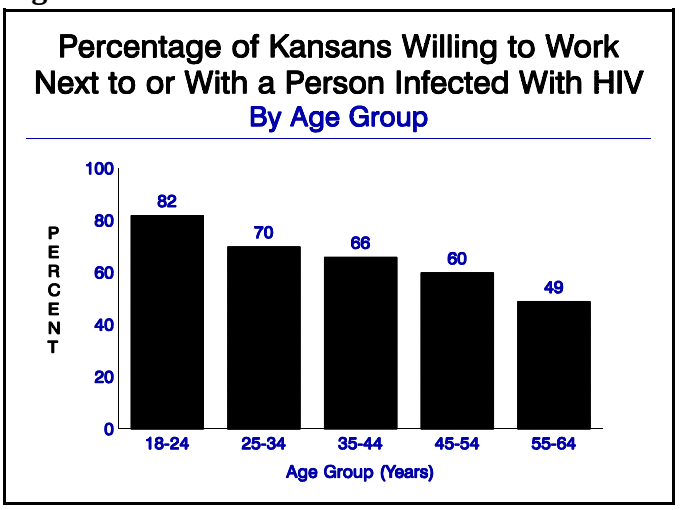

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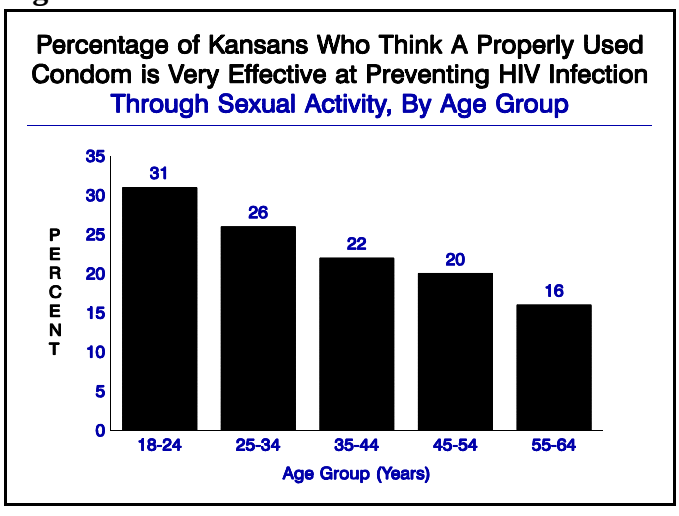
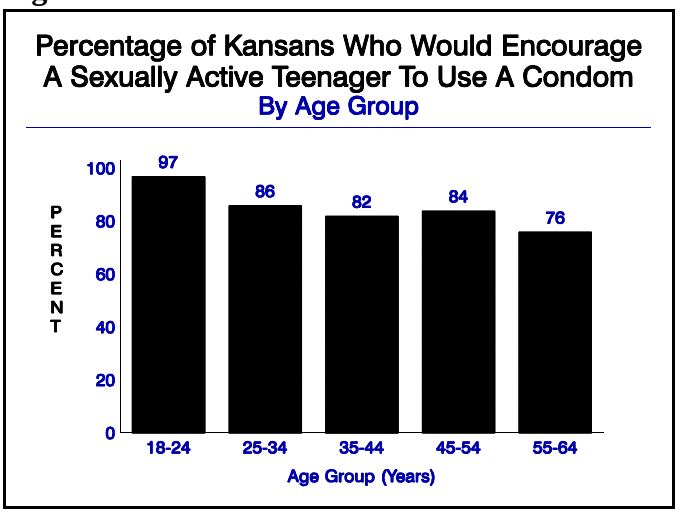
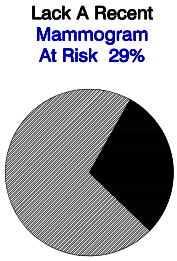


Figure 59





Lack A Recent Clinical Breast Exam: *Female respondents who have not had a recent clinical breast exam (within 3 years women aged 20-39; within 2 years women aged 40 and older).*
Lack A Recent Mammogram: *Female respondents aged 40 and older who have not had a mammogram within the past two years.*

Breast Cancer Screening

Background

Breast cancer is the most commonly occurring cancer and second leading cause of cancer death among women. Every year in Kansas over 1,100 new cases of breast cancer are diagnosed[15], and nearly 400 women die from breast cancer[16]. Current national projections are that one woman in eight will develop breast cancer at some time in her life[9]. Risk factors for breast cancer are advancing age, family history of breast cancer, and hormonal factors such as early onset of menstruation, late menopause, no full term pregnancies or first pregnancy after the age of 30. Breast cancer rarely occurs in men. Because these risk factors are biological and difficult or impossible to control, the best way to reduce breast cancer mortality is through regular breast cancer screenings to detect the disease in the early stages. By following the screening guidelines for clinical breast exam and mammography the number of breast cancer deaths could be reduced by over 30%[7]. The American Cancer Society guidelines for the early detection and prevention of breast cancer include monthly self breast exam for all women, a clinical breast exam every 3 years for women aged 20-40, and for women aged 40-49 a clinical breast examination every year and a mammogram every one to two years. Women aged 50 and older should receive a clinical breast exam and mammogram every year.

Who's At Risk Among Kansans

Among women 20-39 years of age, 15% reported they had not received a clinical breast exam within the past three years. Nine percent reported they had never received a clinical breast exam.
Among women aged 40-49, 14% reported that they had not had a clinical breast exam during the past two years, including 4% who reported they had never received a clinical breast exam. Thirty-two percent of women in this age group reported that they had not had a mammogram during the past two years, including 23% who had never received a mammogram. Thirty-three percent responded that they had not received both a clinical breast exam and a mammogram within the last two years. Twenty-four percent had never received either a clinical breast exam and/or a mammogram.

Among women aged 50 and older, 21% reported that they had not had a clinical breast exam during the past two years, including 10% who reported they had never received a clinical breast exam. Twenty-seven percent of women in this age group reported that they had not had a mammogram during the past two years, including 19% who had never received a mammogram. Thirty-one percent responded that they had not received both a clinical breast exam and a mammogram within the last two years. Twenty-two percent had never received either a clinical breast exam and/or a mammogram.

Figure 60

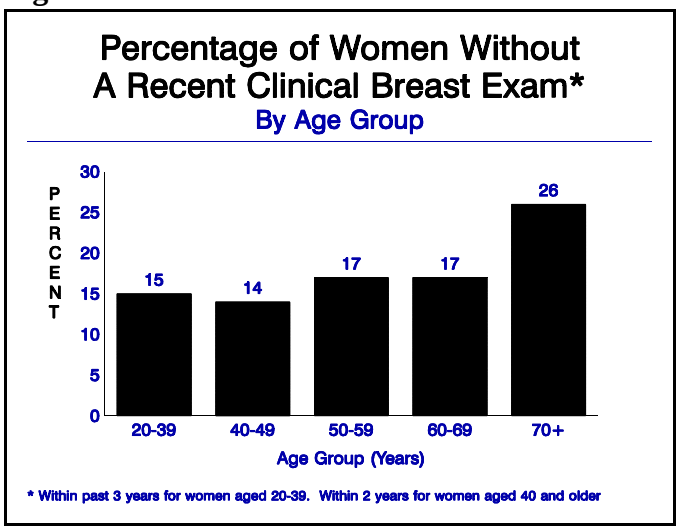
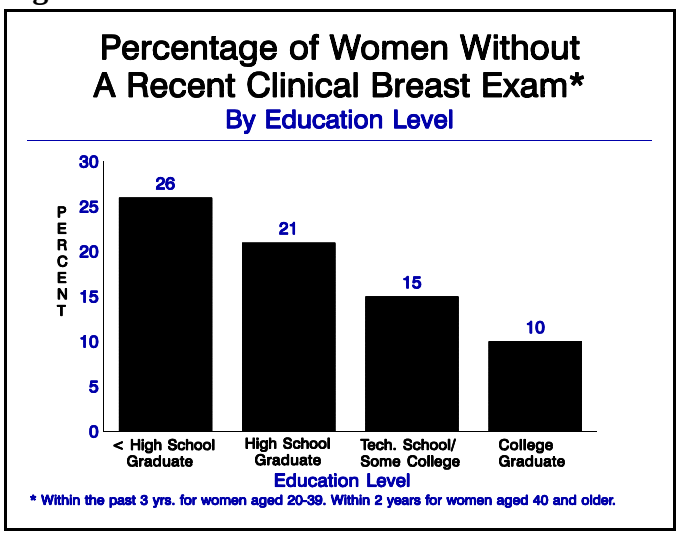


Figure 62



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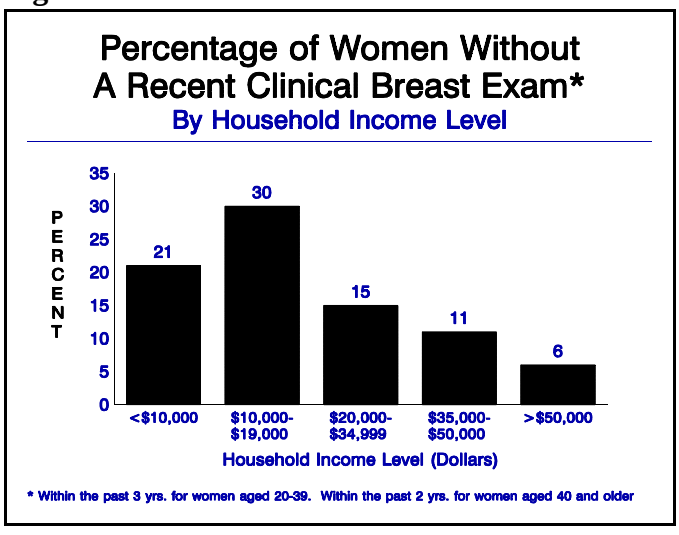


Figure 61

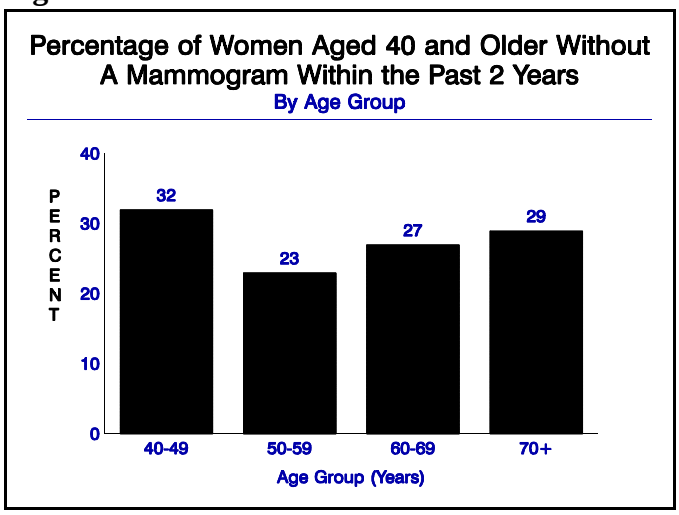


Figure 63

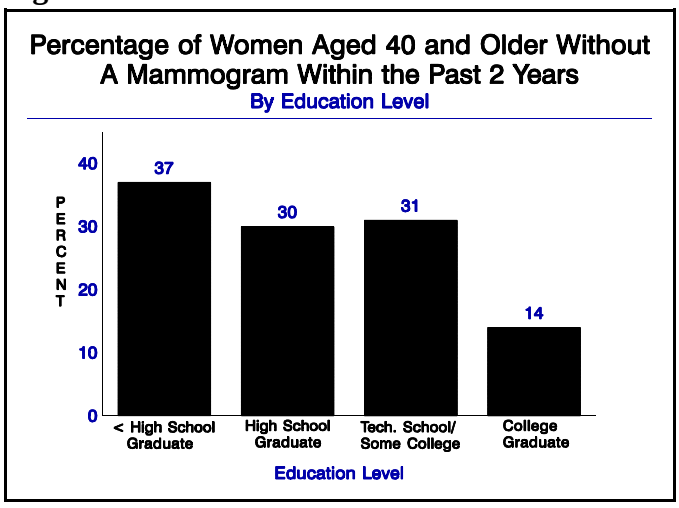
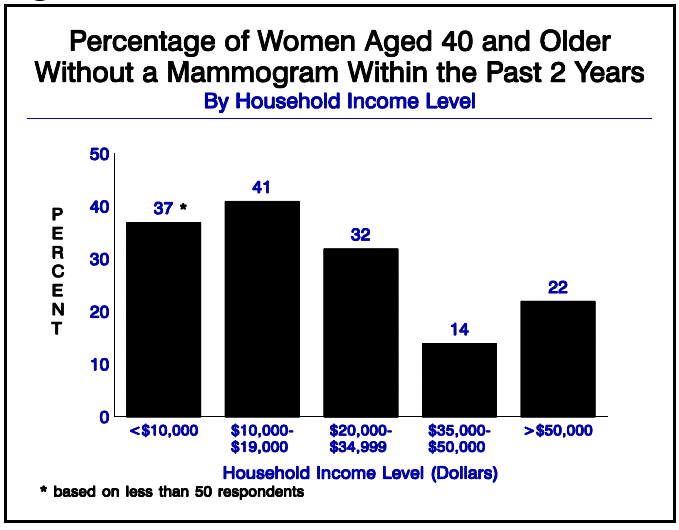


Figure 65



The proportion of women who had not received the recommended breast cancer screening, appropriate for their age group, generally decreased with rising income and increasing education. Kansas women who were not employed for wages, were widowed, or living in rural counties were more likely to have not received the recommended breast cancer screening appropriate for their age group.

Kansas and the United States

Kansas ranked 30th in the percentage of women aged 40 and older who had ever received both a mammogram and physical breast exam (74%). Oregon ranked first with 83% of women aged 40 and older having ever received both exams, while Arkansas was last with only 64% of women aged 40 and older having received both exams.

Kansas ranked 13th in the percentage of women aged 50 and older who had received both a mammogram and physical breast exam within the past 2 years (65%). Alaska was 1st with 76% of Alaskan women aged 50 and older having received both exams within the past 2 years. Indiana had the lowest percentage of women aged 50 and older who had received both exams within the past 2 years (52%).

Healthy Kansans 2000 Objectives	Healthy Kansans 2000 Target	Kansas 1994	United States 1994
Increase the proportion of women aged 40 and older who have ever received a physical breast exam and a mammogram.	$80%	74%	75%
Increase the proportion of women aged 50 and older who have received a physical breast exam and a mammogram within past 2 yrs.	$60%	65%	62%

Figure 66

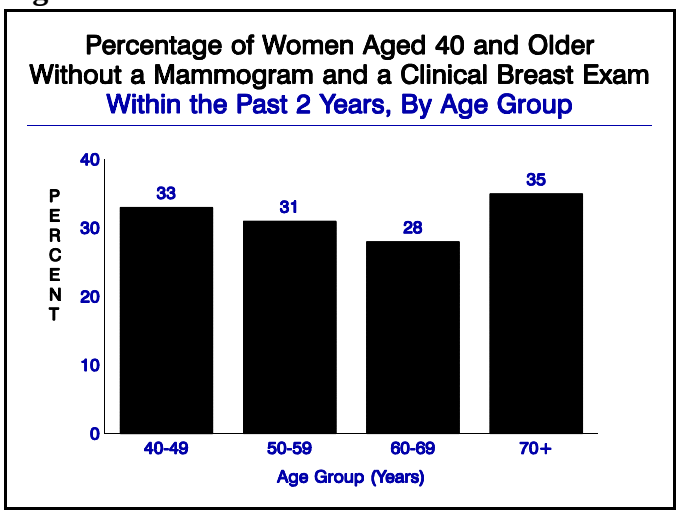


Figure 67

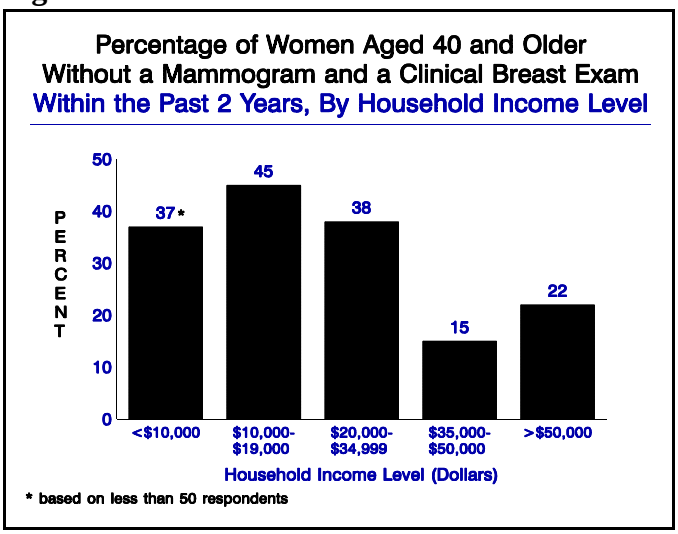
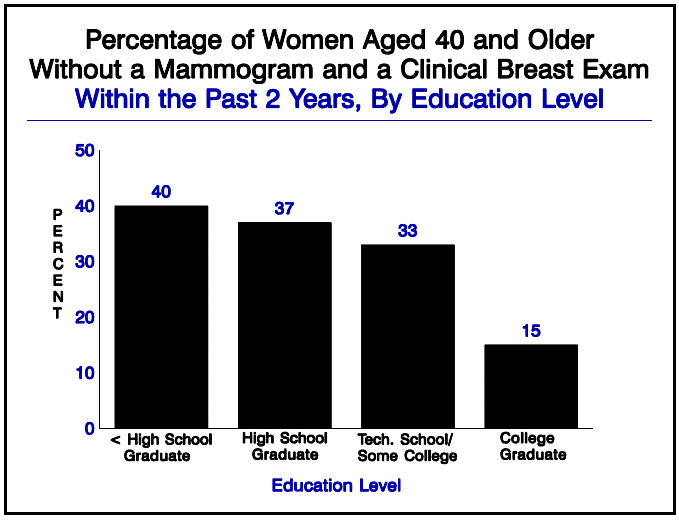


Figure 68



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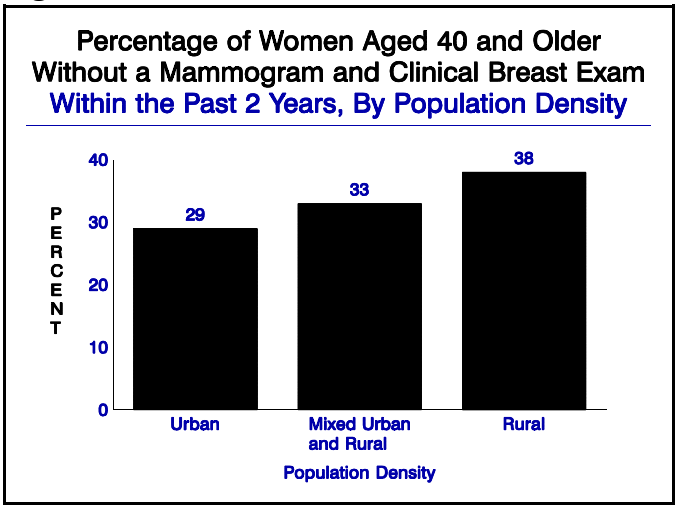
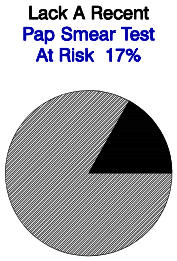




Lack A Recent Pap Smear Test: *Female respondents, with a uterine cervix, who reported they have not had a pap smear test within the past two years.*

Cervical Cancer Screening

Background

Cancer of the uterine cervix is the fourth most commonly diagnosed cancer among women. Every year in Kansas approximately 400 women are diagnosed with cervical cancer[9]. Risk factors for cervical cancer include early age at first intercourse, multiple sex partners, cigarette smoking, and infection with certain types of the human papillomavirus. The American Cancer Society recommends that a Pap test be performed annually with a pelvic examination in women who are, or have been, sexually active or who have reached 18 years of age. Regular use of the Pap test to screen for cervical cancer (followed by appropriate treatment when needed) could reduce the risk of death by as much as 75%[3].

Who's At Risk Among Kansans

Seventeen percent of female Kansans with uterine cervix reported that they have not had a Pap test within the past two years, including 4% who reported that they had never received a Pap test. The prevalence of not having received a Pap test within the past two years decreased with rising income and higher education levels. Women who were aged 55 and older, not employed for wages, retired, widowed, or living in rural counties were more likely to have not received a Pap test during the past two years.

Kansas and the United States

Kansas ranked 10th with 96% of Kansas women aged 18 and older having ever received a Pap smear test. Colorado ranked 1st with 97% of women having ever received a Pap smear test. Maryland ranked last with 86% percent of women having ever received a Pap smear test.

Healthy Kansans 2000 Objectives	Healthy Kansans 2000 Target	Kansas 1994	United States 1994
Increase the proportion of women aged 18 and older with uterine cervix who have ever received a Pap smear test.	$98%	96%	94%
Increase the proportion of women aged 18 and older with uterine cervix who have received a Pap smear test in the past 2 yrs.	$90%	83%	N/A

Figure 70

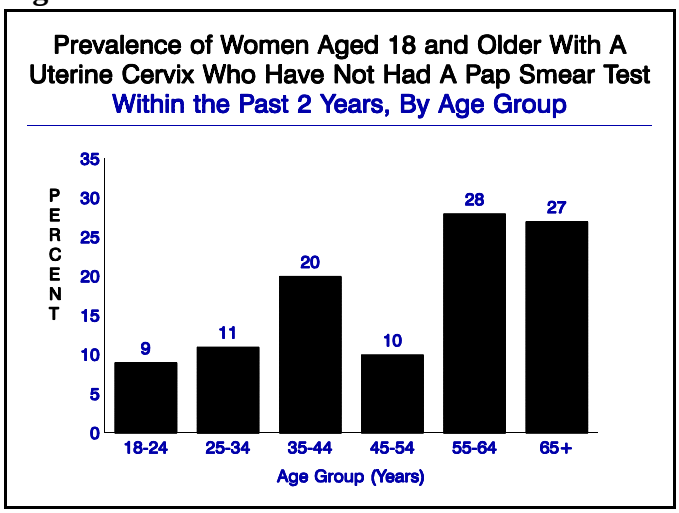
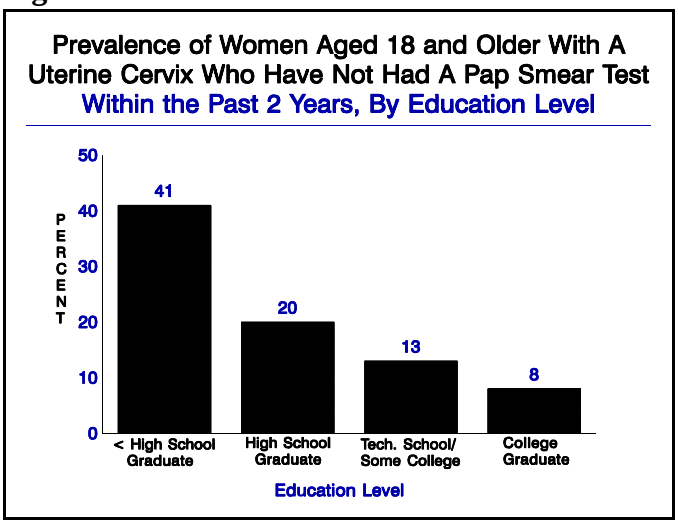


Figure 71



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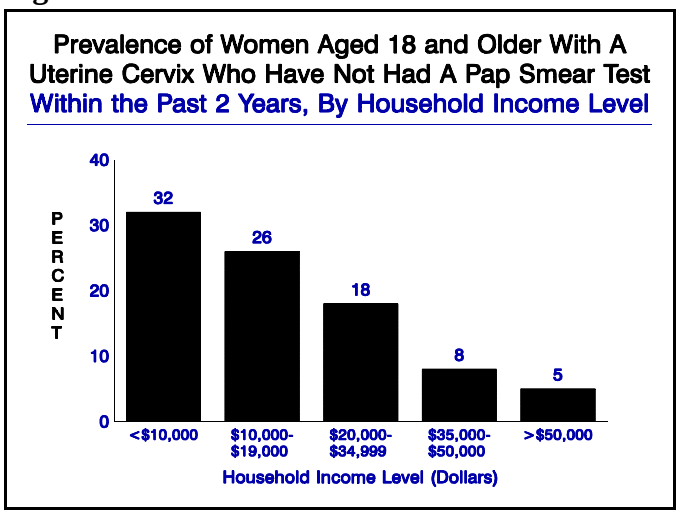

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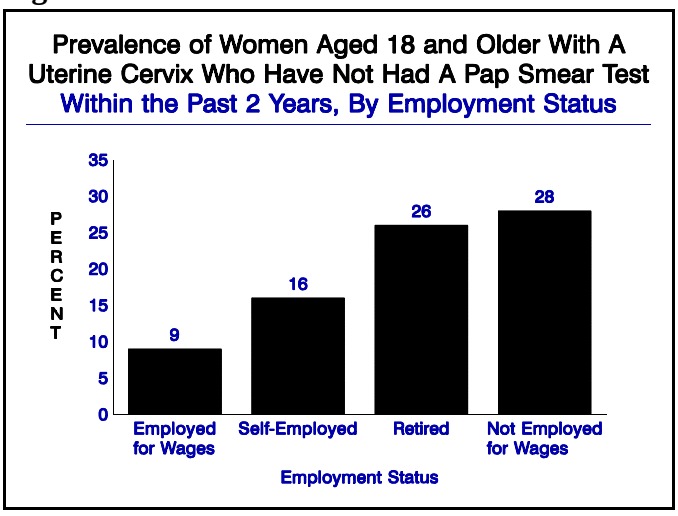


Figure 74

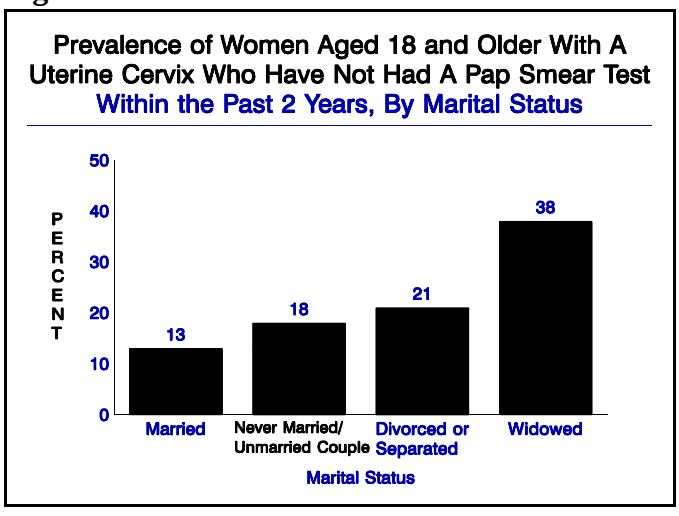
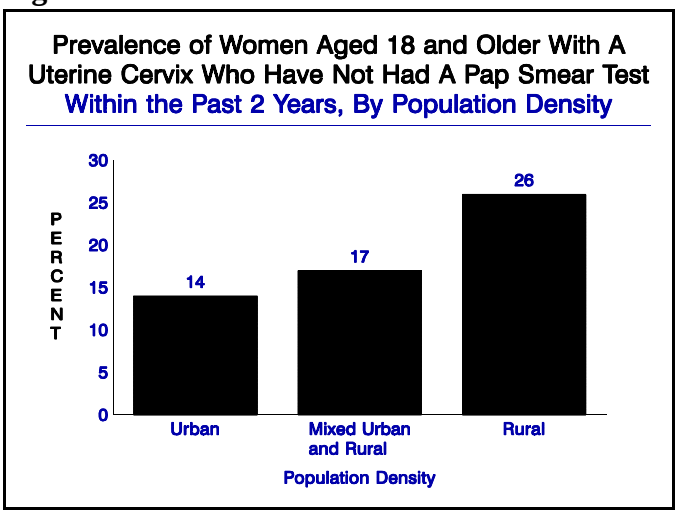
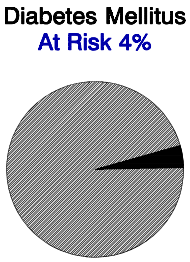


Figure 75





Diabetes Mellitus: *Respondents who report they were told by a doctor that they have diabetes.*

Diabetes Mellitus

Background

Diabetes is a chronic disease in which the body is incapable of adequately producing and/or using insulin, which is necessary to convert glucose (sugar) into energy. It has been estimated that 126,000 Kansans have diabetes mellitus, yet half do not know that they have diabetes[17]. Diabetes is the seventh leading cause of death in Kansas, resulting in over 500 deaths annually[16], and contributing to another 1,000[17]. Diabetes is a serious chronic disease which makes those with the condition 25 times more prone to blindness, twice as likely to develop cardiovascular disease, 15 times more likely to have a lower extremity amputated, and 17 times more likely to develop kidney disease[18].

Who's At Risk Among Kansans

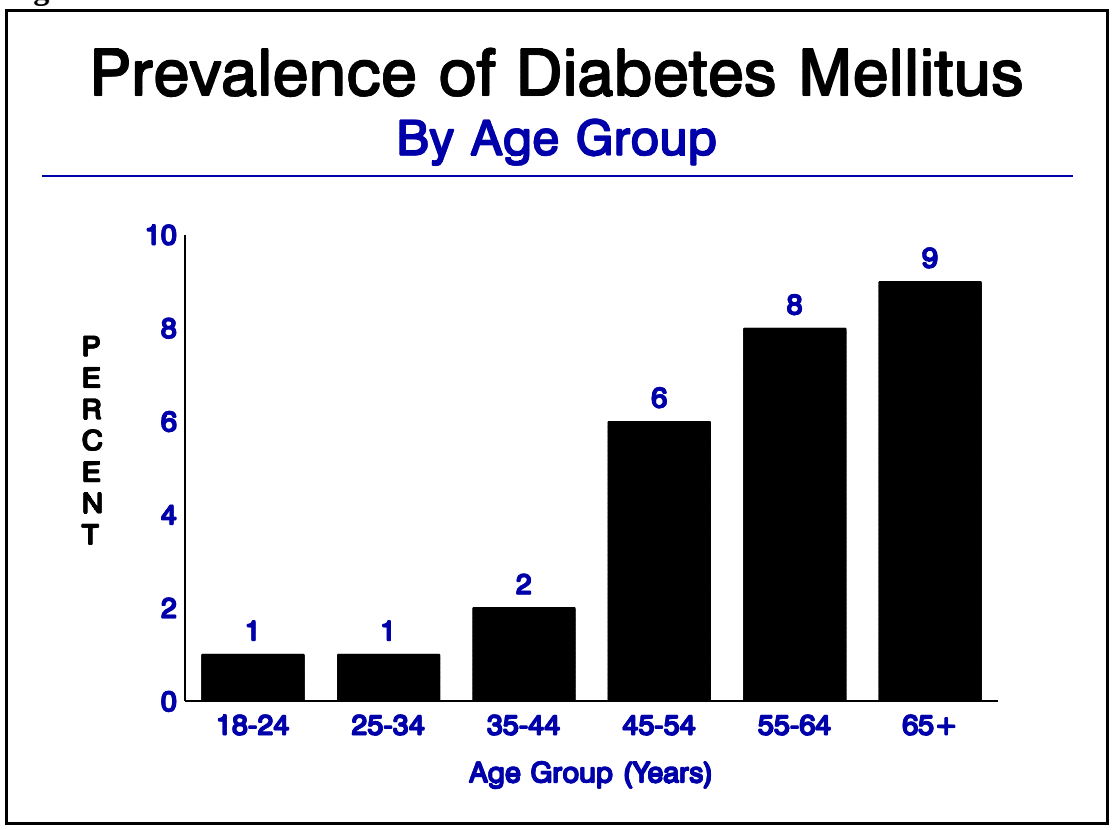
Among respondents, 3.9% reported that they had been told by a medical doctor that they have diabetes. Persons most likely to report they had diabetes were aged 55 and older, had less than a high school diploma, and persons living in rural counties. The prevalence of diabetes increased with advancing age and decreased with higher levels of education.

Kansas and the United States

Kansas had the 20th lowest rate of diabetes mellitus in the U.S. (3.9%). Montana reported the lowest rate with 2.5% of Montanans having diabetes mellitus. Missouri reported the highest rate of diabetes (5.9%). The median prevalence of diabetes mellitus in the United States in 1994 was 4.2%.

Healthy Kansans 2000 Objective	Healthy Kansans 2000 Target	Kansas 1994	United States 1994
There are no Healthy Kansans 2000 objectives related to diabetes mellitus.			

Figure 76



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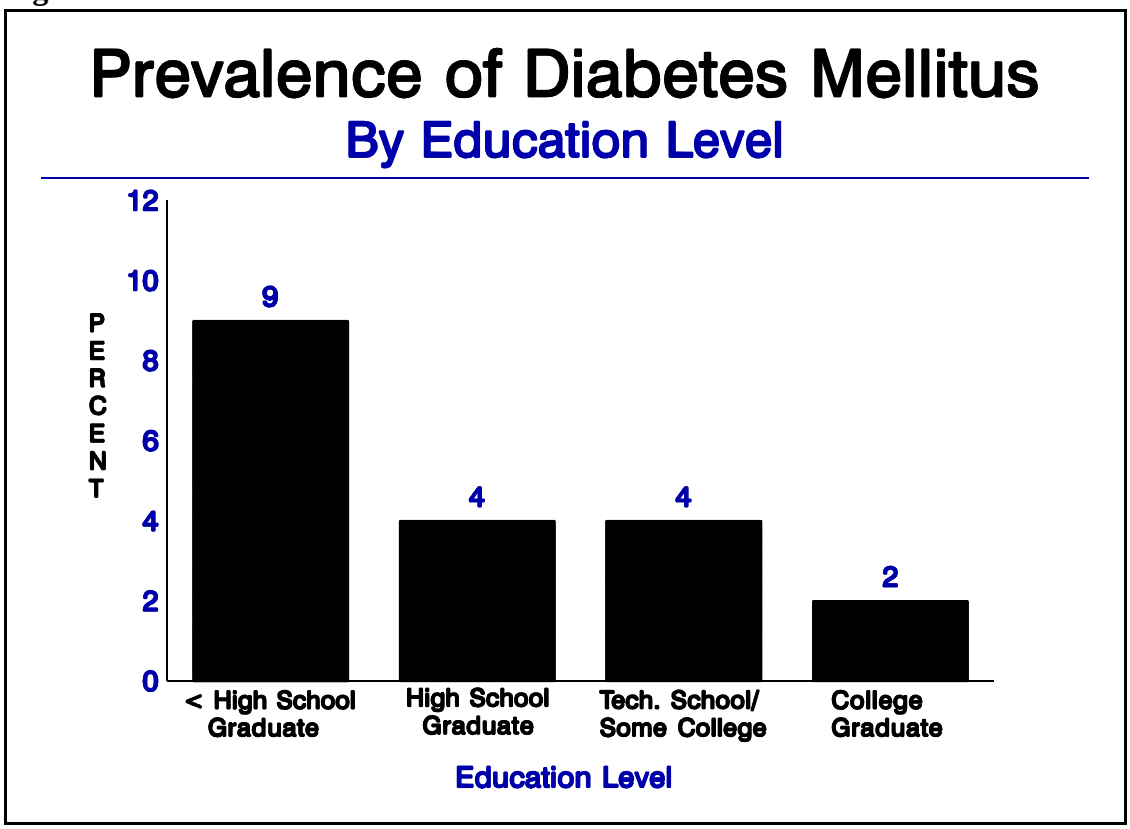
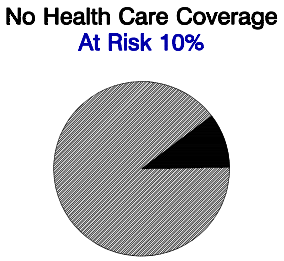




Lack Health Care Coverage: *Respondents who reported that they do not have any form of health care coverage, including health insurance, Health Maintenance Organizations (HMO), Medicare, Medicaid, or military insurance plans.*

Health Care Coverage and Access to Health Care

Background

The role of prevention in public health is of primary importance. It has been established that many chronic conditions and diseases can be improved or prevented by utilizing preventive health services. In addition to adopting healthy lifestyle behaviors, early detection and treatment of medical conditions can avoid costly, debilitating and even deadly illnesses or conditions. The ability to pay can greatly influence the decision of a person to receive preventive services.

Who's At Risk Among Kansans

In 1994, 10% of adult Kansans did not have any form of health care coverage. Men (12%) were more likely than women (9%) to be without health care coverage. The proportion of Kansans reporting that they lacked health care coverage decreased with advancing age, rising income, and higher levels of education. Kansans who were divorced, separated, never married, or members of an unmarried couple, and Kansans who were not employed for wages were at increased risk of being without health care coverage.

Ten percent of respondents reported that they were unable to see a doctor due to the cost during the past 12 months. Women (12%) were more likely to report being unable to see a doctor due to the cost than men (8%). The percentage of persons reporting that they were unable to see a doctor due to the cost decreased with advancing age, rising income, and higher levels of education. Kansans who were divorced or separated, and Kansans who were not employed for wages were more likely to report being unable to see a doctor due to the cost.

Kansas and the United States

Kansas had the 12th lowest percentage of persons lacking health care coverage in the U.S. (10%). Hawaii ranked 1st with only 6% of Hawaiians lacking health care, while Louisiana reported the highest percentage of residents lacking health care coverage (21%).

Healthy Kansans 2000 Objective	Healthy Kansans 2000 Target	Kansas 1994	United States 1994
Increase the proportion of adults with health care coverage.	$92%	90%	87%
Reduce the proportion of adults without health care coverage due to cost.	#6%	10%	Not Available

Figure 78

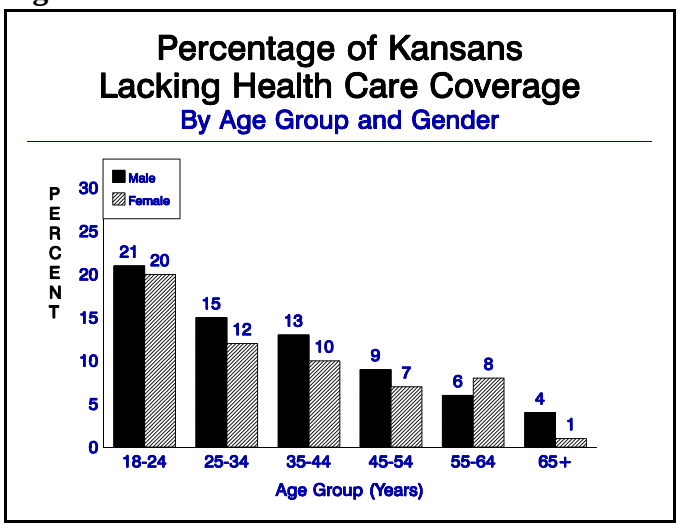


Figure 79

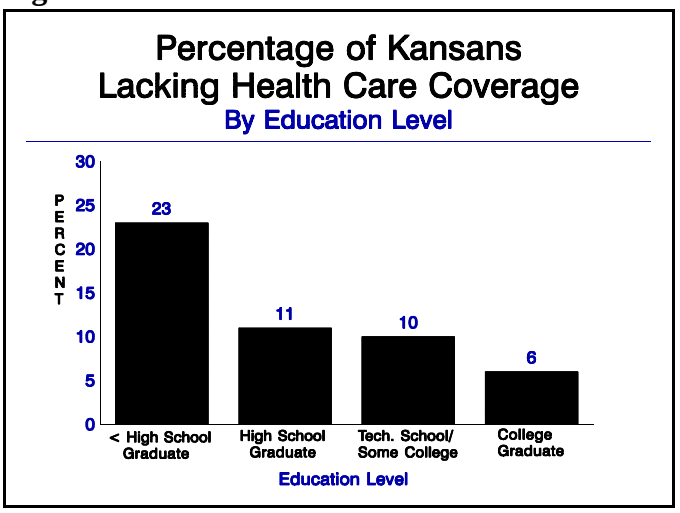


Figure 80

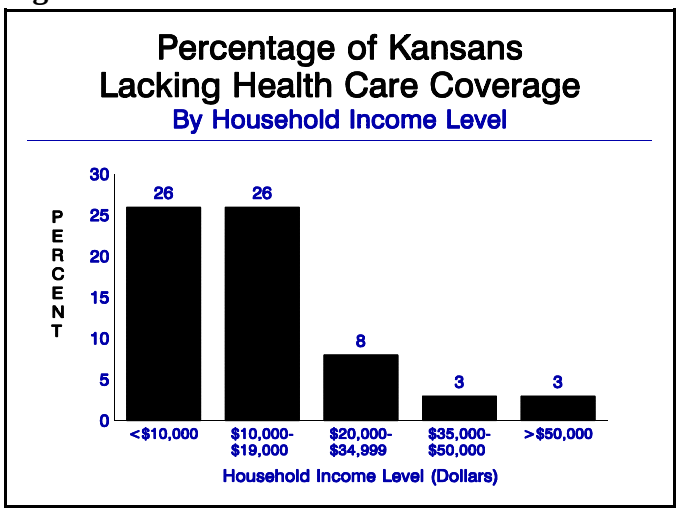


Figure 81

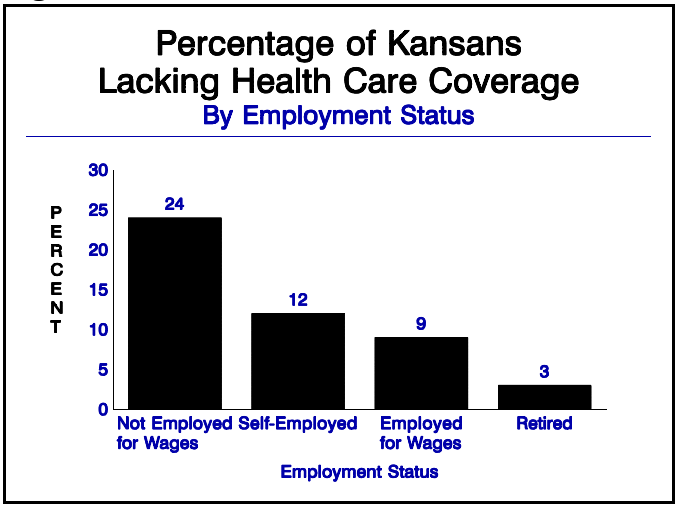


Figure 82

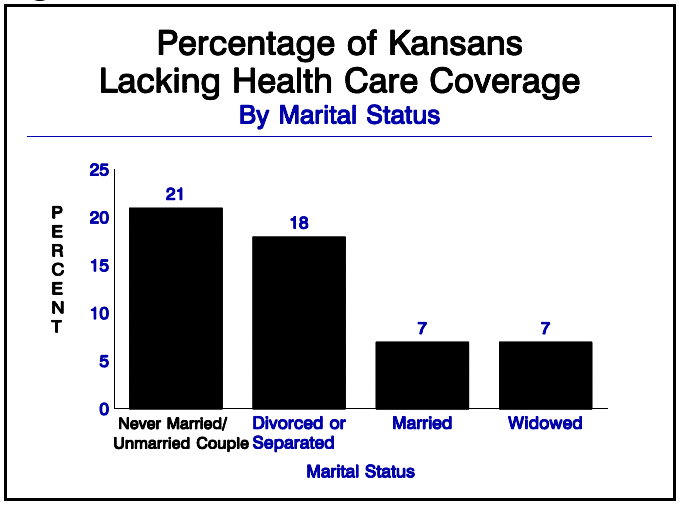
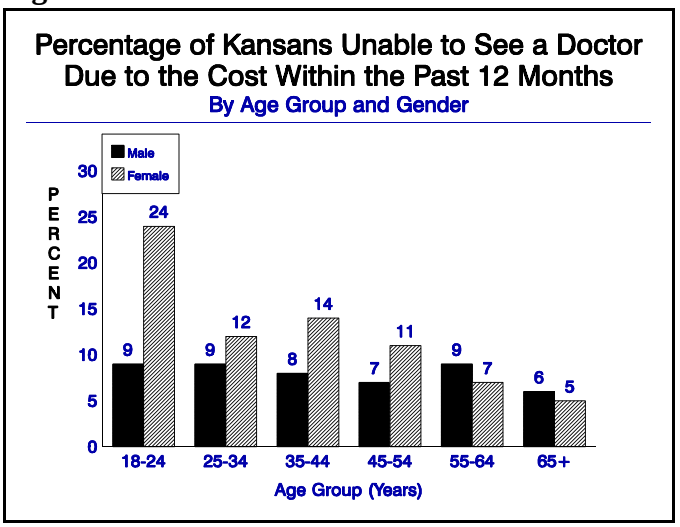
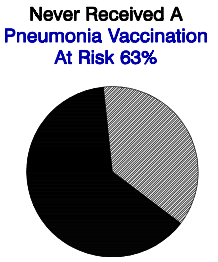


Figure 83





Lack A Recent Influenza Vaccination: *Persons aged 65 and older who have not received an influenza vaccination within the past 12 months.*

Never Received A Pneumonia Vaccination: *Persons aged 65 and older who have never received a pneumonia vaccination.*

Immunizations

Background

Influenza and pneumonia caused 946 deaths in Kansas in 1994, making them the fifth leading cause of death among Kansans[16]. Influenza, or the flu, is a highly contagious respiratory illness caused by a virus spread through the air and person-to-person contact which primarily occurs in the winter months. The onset of influenza is sudden, with fever, chills, dry cough, headache, muscle aches, and fatigue[19*]. Influenza usually lasts 2 to 7 days, but cough and fatigue may persist for several weeks. The most common complications, bronchitis and bronchopneumonia, occur most frequently among children, elderly persons, and persons suffering from chronic diseases of the lung, heart, kidney, or from diabetes mellitus[19]. Vaccination against influenza is associated with a 70% to 80% reduction in illness from influenza in younger adults. Among older persons the influenza vaccination may be less effective in preventing influenza; however, older persons who are vaccinated are less likely to be hospitalized, catch pneumonia, or die than nonvaccinated older persons[20]. Because of the large number of influenza virus variations, a person should be vaccinated annually (usually in November) to receive the highest degree of protection against influenza during the winter months.

Pneumonia is a lung infection typically caused by either a virus or bacteria. Pneumonia usually strikes suddenly with shaking chills and high fever (102F-106F). Shortness of breath, chest pain, and productive cough are often present. Bacterial pneumonia usually responds to antibiotics; mortality among persons receiving treatment is 5% and among untreated persons, 30%[21]. Incidence and mortality rates increase with age and among persons with underlying medical conditions such as heart or lung disease or AIDS[20]. A pneumonia vaccination can help prevent the most common cause of bacterial pneumonia (pnemocaccal bacteria) and is recommended for all persons aged 65 and older and for persons with underlying medical conditions which might make them susceptible to pneumonia. Unlike the influenza vaccination, the pneumonia vaccination only needs to be received once in a lifetime.

Who's At Risk Among Kansans

Almost two-thirds (62%) of Kansans reported that they had not received a influenza vaccination during the past 12 months. Kansans aged 65 and older were least likely to report that they had not received an influenza vaccination during the past 12 months (38%). Among Kansans aged 65 and older, the percentage of persons who had not received an influenza vaccination during the past 12 months generally decreased with greater education and rising income.

* Although often confused with influenza, illness characterized by nausea, vomiting, and diarrhea result from intestinal infection unrelated to influenza.

Figure 84

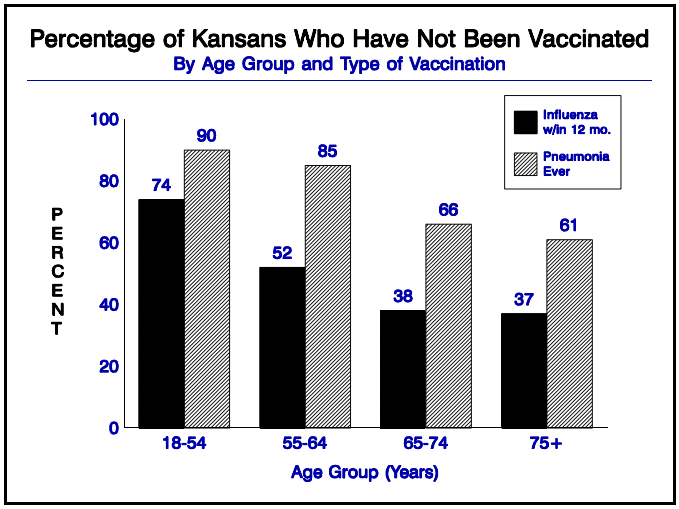
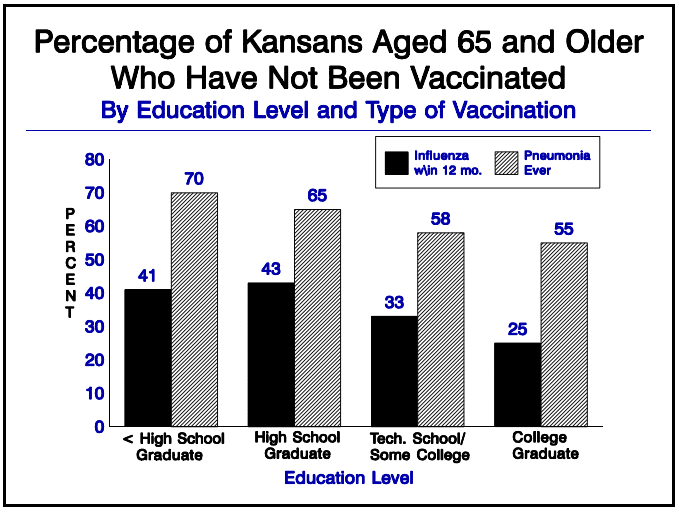


Figure 85

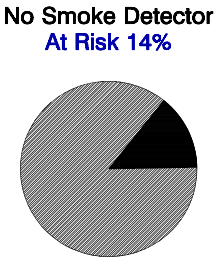


Eighty-five percent of Kansans reported that they had never received a pneumonia vaccination. Kansans aged 65 and older were least likely to report that they had never been vaccinated for pneumonia (63%) compared to other age groups. The percentage of Kansans aged 65 and older who had never received a pneumonia vaccination decreased with greater education. Kansans aged 65 and older living in urban counties or those still employed were more likely to report never receiving a pneumonia vaccination.

Kansas and the United States

In 1993, the last year every state asked the vaccination questions, Kansas had the 20th highest percentage of persons aged 65 an older who were recently vaccinated for influenza (52%). The District of Columbia reported the lowest rate of recent influenza vaccination among persons aged 65 and older (29%); Arizona reported the highest rate of recent influenza vaccination (66%), and the median U.S. influenza vaccination rate in 1993 was 50%. Kansas ranked 37th in the percentage of persons aged 65 and older who had ever received a pneumonia vaccination (23%) in 1993. Colorado ranked 1st with 40% of Colorado residents aged 65 and older having ever received a pneumonia vaccination. Louisiana reported the lowest pneumonia vaccination rate at 18%, and the median U.S pneumonia vaccination rate was 27% in 1993.

Healthy Kansans 2000 Objectives	Healthy Kansans 2000 Target	Kansas 1994	United States 1994
There are no Healthy Kansans 2000 objectives for influenza or pneumonia which are currently directly measurable using BRFSS data.			



No Smoke Detector: *Respondents who reported that they did not have a working smoke detector in their home.*

Fire Safety

Background

In the United States residential fires are the 4th leading cause of unintentional injury deaths and the 2nd leading cause of injury death in the home[22]. In 1994, Kansas experienced 3,768 residential structure fires which resulted in 42 civilian deaths and 197 civilian injuries; additionally, 183 firefighters were injured while fighting these fires[23]. Nationally, house fires cause 75% of all deaths from fires and burns, with young children and the elderly at greatest risk[24]. Fire-related injuries are very costly, causing tremendous pain and suffering, high medical care costs, and lost productivity. Smoke detectors are a reliable, inexpensive way of providing early warning of house fires which reduces the potential of death and severe injury by more than 85%[24]. In Kansas during 1994, 41% of homes with fires did not have smoke detectors and 76% of deaths occurred in homes without smoke detectors[23]. It is vital that battery operated smoke detectors be checked periodically to make sure the batteries are good and the detector is functioning properly. Dead batteries are the most common cause of detector failure; one study of fatal house fires and smoke detectors found that dead batteries were to blame in two-thirds of the instances of detector failure[7]. It is recommended that you check your smoke detector monthly and replace detector batteries every 6 months.

Who's At Risk Among Kansans

Fourteen percent of the respondents reported that they did not have a working smoke detector in their household. The percentage of households reporting that they did not have a working smoke detector decreased with higher education levels and rising household income. Kansans who were aged 65 and older, widowed, or living in rural counties were more likely to report that there was not a working smoke detector in their household. Among persons living in households with 2 or more persons (including children), 62% reported that their household had discussed or practiced an escape plan in case of a fire at home. Seventy percent of households with minor children reported that they had discussed or practiced an escape plan in case of a fire at home.

Kansas and the United States

The smoke detector question was a state-added question and was not asked by other states.

Healthy Kansans 2000 Objective	Healthy Kansans 2000 Target	Kansas 1994	United States 1994
Increase the proportion of persons who report having a working smoke detector in their home	$85%	86%	Not Available

Figure 86

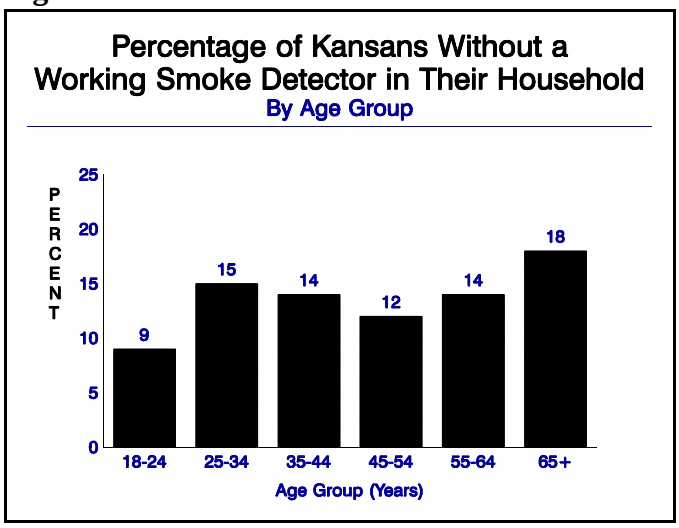


Figure 87

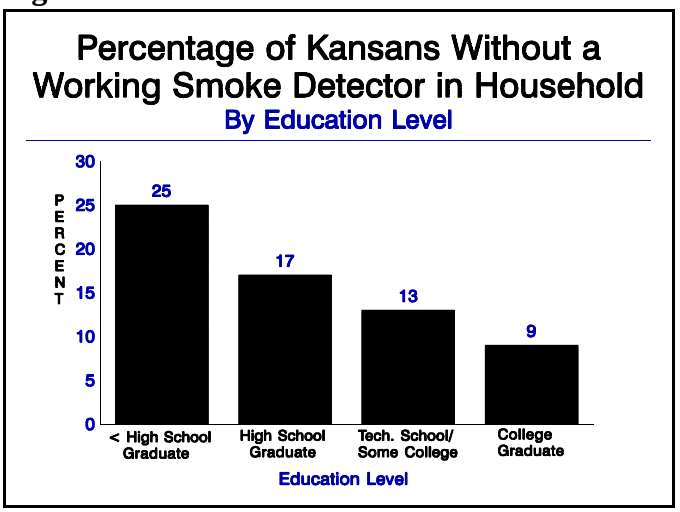


Figure 88

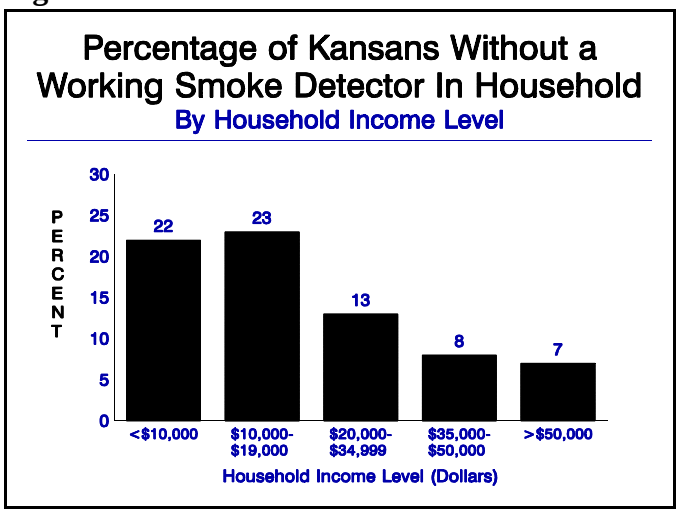
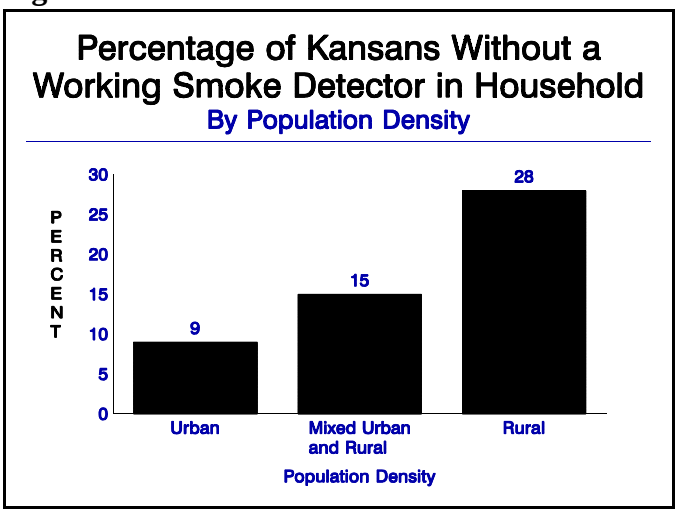


Figure 89



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Appendices

Appendices Definitions:

Total Sample Size: The number of respondents who belong to each demographic category.

Number At Risk (Unweighted): The raw number of respondents who reported being at risk for the defined health risk behavior.

Population At Risk (Weighted): Percentage of Kansans at risk for the defined health risk behavior. The data is weighted to more closely resemble the characteristics of the population of Kansas (See interpretation of results for more information on the weighting procedure).

Table A: Safety Belt Non-Use*

Demographic Characteristics	Total Sample Size	Number At Risk	Population At Risk
	N	n	%
Total	1441	670	48
Age Group			
18-24	125	71	57
25-34	300	142	46
35-44	327	151	48
45-54	216	109	51
55-64	133	64	51
65+	326	126	37
Unknown/Refused	14	7	--
Gender			
Male	614	327	54
Female	827	343	42
Education			
< H.S. Grad.	156	89	65
High School Grad.	450	240	53
Some College	446	213	49
College Grad.	384	125	32
Unknown/Refused	5	3	--
Income			
< $10,000	104	55	61
$10,000-$19,999	247	133	55
$20,000-$34,999	370	194	54
$35,000-$50,000	273	104	39
> $50,000	182	63	36
Unknown/Refused	265	121	45
Employment			
Employed for Wages	795	366	47
Self-Employed	143	82	58
Not Emp. for Wages	186	98	56
Retired	314	123	39
Unknown/Refused	3	1	--
Marital Status			
Married	826	365	45
Divorced/Separated	199	110	57
Widowed	162	67	42
Never Married/U.C.	243	124	55
Unknown/Refused	11	4	--
Pop. Density			
Urban	684	263	39
Rural	247	152	64
Mixed Urban & Rural	471	233	51
Unknown/Refused	39	22	--

* Do not always use a safety belt

Table B: Overweight*

Demographic Characteristics	Total Sample Size	Number At Risk	Population At Risk
	N	n	%
Total	1441	320	23
Age Group			
18-24	125	22	18
25-34	300	61	20
35-44	327	67	23
45-54	216	70	35
55-64	133	33	24
65+	326	67	21
Unknown/Refused	14	--	--
Gender			
Male	614	162	28
Female	827	158	18
Education			
< H.S. Grad.	156	44	30
High School Grad.	450	94	22
Some College	446	94	22
College Grad.	384	88	22
Unknown/Refused	5	--	--
Income			
< $10,000	104	31	22
$10,000-$19,999	247	49	19
$20,000-$34,999	370	95	27
$35,000-$50,000	273	51	19
> $50,000	182	42	25
Unknown/Refused	265	52	23
Employment			
Employed for Wages	795	168	22
Self-Employed	143	42	32
Not Emp. for Wages	186	42	20
Retired	314	68	22
Unknown/Refused	3	--	--
Marital Status			
Married	826	192	23
Divorced/Separated	199	46	25
Widowed	162	28	19
Never Married/U.C.	243	52	21
Unknown/Refused	11	2	--
Pop. Density			
Urban	684	139	20
Rural	247	72	31
Mixed Urban & Rural	471	106	23
Unknown/Refused	39	3	--

* Based on Body Mass Index.

Table C: Sedentary Lifestyle*

Demographic Characteristics	Total Sample Size	Number At Risk	Population At Risk
	N	n	%
Total	1441	885	61
Age Group			
18-24	125	64	50
25-34	300	172	58
35-44	327	192	61
45-54	216	132	64
55-64	133	83	61
65+	326	229	69
Unknown/Refused	14	13	--
Gender			
Male	614	380	63
Female	827	505	59
Education			
< H.S. Grad.	156	122	77
High School Grad.	450	308	68
Some College	446	262	58
College Grad.	384	188	49
Unknown/Refused	5	5	--
Income			
< $10,000	104	64	60
$10,000-$19,999	247	166	69
$20,000-$34,999	370	221	60
$35,000-$50,000	273	153	56
> $50,000	182	93	51
Unknown/Refused	265	188	67
Employment			
Employed for Wages	795	468	60
Self-Employed	143	93	66
Not Emp. for Wages	186	103	55
Retired	314	218	65
Unknown/Refused	3	3	--
Marital Status			
Married	826	507	62
Divorced/Separated	199	124	64
Widowed	162	118	72
Never Married/U.C.	243	128	52
Unknown/Refused	11	8	--
Pop. Density			
Urban	684	397	57
Rural	247	170	69
Mixed Urban & Rural	471	288	61
Unknown/Refused	39	30	--

* Exercise or physical activity less than 3 times a week for at least 20 minutes each time.

Table D: Fruit and Vegetable Intake*

Demographic Characteristics	Total Sample Size	Number At Risk	Population At Risk
	N	n	%
Total	1441	984	69
Age Group			
18-24	125	91	73
25-34	300	235	78
35-44	327	226	70
45-54	216	150	70
55-64	133	91	68
65+	326	182	54
Unknown/Refused	14	9	--
Gender			
Male	614	437	71
Female	827	547	67
Education			
< H.S. Grad.	156	109	70
High School Grad.	450	316	70
Some College	446	288	66
College Grad.	384	268	71
Unknown/Refused	5	3	--
Income			
< $10,000	104	76	71
$10,000-$19,999	247	177	74
$20,000-$34,999	370	259	71
$35,000-$50,000	273	181	69
> $50,000	182	130	71
Unknown/Refused	265	161	59
Employment			
Employed for Wages	795	570	73
Self-Employed	143	103	72
Not Emp. for Wages	186	134	72
Retired	314	175	54
Unknown/Refused	3	2	--
Marital Status			
Married	826	549	67
Divorced/Separated	199	153	78
Widowed	162	101	63
Never Married/U.C.	243	174	74
Unknown/Refused	11	7	--
Pop. Density			
Urban	684	479	70
Rural	247	164	68
Mixed Urban & Rural	471	324	71
Unknown/Refused	39	17	--

* Do not eat 5 or more servings of fruits and vegetables each day.

Table E: Current Cigarette Use

Demographic Characteristics	Total Sample Size	Number At Risk	Population At Risk
	N	n	%
Total	1441	313	22
Age Group			
18-24	125	25	22
25-34	300	74	24
35-44	327	83	25
45-54	216	62	29
55-64	133	29	22
65+	326	37	11
Unknown/Refused	14	3	--
Gender			
Male	614	147	23
Female	827	166	20
Education			
< H.S. Grad.	156	41	31
High School Grad.	450	124	28
Some College	446	104	22
College Grad.	384	43	10
Unknown/Refused	5	1	--
Income			
< $10,000	104	32	29
$10,000-$19,999	247	79	33
$20,000-$34,999	370	92	26
$35,000-$50,000	273	44	15
> $50,000	182	30	17
Unknown/Refused	265	36	14
Employment			
Employed for Wages	795	186	23
Self-Employed	143	31	21
Not Emp. for Wages	186	58	31
Retired	314	37	11
Unknown/Refused	3	1	--
Marital Status			
Married	826	157	20
Divorced/Separated	199	70	36
Widowed	162	26	16
Never Married/U.C.	243	58	23
Unknown/Refused	11	3	--
Pop. Density			
Urban	684	146	21
Rural	247	58	24
Mixed Urban & Rural	471	104	23
Unknown/Refused	39	5	--

Table F: Smokeless Tobacco Use

Demographic Characteristics	Total Sample Size	Number At Risk	Population At Risk
	N	n	%
Total	1441	56	4
Age Group			
18-24	125	9	7
25-34	300	16	5
35-44	327	9	2
45-54	216	9	4
55-64	133	5	3
65+	326	8	3
Unknown/Refused	14	--	--
Gender			
Male	614	54	8
Female	827	2	.2
Education			
< H.S. Grad.	156	7	6
High School Grad.	450	16	4
Some College	446	17	4
College Grad.	384	16	4
Unknown/Refused	5	--	--
Income			
< $10,000	104	2	2
$10,000-$19,999	247	6	3
$20,000-$34,999	370	14	4
$35,000-$50,000	273	17	5
> $50,000	182	6	4
Unknown/Refused	265	11	5
Employment			
Employed for Wages	795	39	5
Self-Employed	143	6	5
Not Emp. for Wages	186	4	2
Retired	314	7	3
Unknown/Refused	3	--	--
Marital Status			
Married	826	27	3
Divorced/Separated	199	10	5
Widowed	162	3	2
Never Married/U.C.	243	16	7
Unknown/Refused	11	--	--
Pop. Density			
Urban	684	21	3
Rural	247	14	6
Mixed Urban & Rural	471	19	5
Unknown/Refused	39	2	--

Table G: Acute/Binge Drinking*

Demographic Characteristics	Total Sample Size	Number At Risk	Population At Risk
	N	n	%
Total	1441	187	14
Age Group			
18-24	125	41	32
25-34	300	70	23
35-44	327	46	14
45-54	216	20	10
55-64	133	5	5
65+	326	5	2
Unknown/Refused	14	--	--
Gender			
Male	614	137	23
Female	827	50	7
Education			
< H.S. Grad.	156	14	11
High School Grad.	450	49	11
Some College	446	68	17
College Grad.	384	56	17
Unknown/Refused	5	--	--
Income			
< $10,000	104	17	21
$10,000-$19,999	247	41	19
$20,000-$34,999	370	43	12
$35,000-$50,000	273	45	18
> $50,000	182	26	17
Unknown/Refused	265	15	6
Employment			
Employed for Wages	795	150	20
Self-Employed	143	15	11
Not Emp. for Wages	186	18	10
Retired	314	4	2
Unknown/Refused	3	--	--
Marital Status			
Married	826	79	10
Divorced/Separated	199	30	18
Widowed	162	4	3
Never Married/U.C.	243	73	32
Unknown/Refused	11	1	--
Pop. Density			
Urban	684	102	16
Rural	247	24	11
Mixed Urban & Rural	471	56	14
Unknown/Refused	39	5	--

* Consumed 5 or more drinks on at least one occasion during the past month.

Table H: Chronic Drinking*

Demographic Characteristics	Total Sample Size	Number At Risk	Population At Risk
	N	n	%
Total	1441	43	3
Age Group			
18-24	125	8	7
25-34	300	13	4
35-44	327	13	3
45-54	216	3	1
55-64	133	3	3
65+	326	3	1
Unknown/Refused	14	--	--
Gender			
Male	614	35	5
Female	827	8	1
Education			
< H.S. Grad.	156	6	5
High School Grad.	450	16	3
Some College	446	13	3
College Grad.	384	8	3
Unknown/Refused	5	--	--
Income			
< $10,000	104	3	3
$10,000-$19,999	247	12	5
$20,000-$34,999	370	11	3
$35,000-$50,000	273	9	3
> $50,000	182	5	3
Unknown/Refused	265	3	1
Employment			
Employed for Wages	795	33	4
Self-Employed	143	2	2
Not Emp. for Wages	186	3	2
Retired	314	5	2
Unknown/Refused	3	--	--
Marital Status			
Married	826	16	2
Divorced/Separated	199	7	4
Widowed	162	5	3
Never Married/U.C.	243	15	7
Unknown/Refused	11	--	--
Pop. Density			
Urban	684	18	3
Rural	247	7	3
Mixed Urban & Rural	471	16	3
Unknown/Refused	39	2	--

* Consumed 60 or more drinks during the past month.

Table I: Drinking and Driving*

Demographic Characteristics	Total Sample Size	Number At Risk	Population At Risk
	N	n	%
Total	1441	42	3
Age Group			
18-24	125	15	12
25-34	300	17	5
35-44	327	10	3
45-54	216	--	--
55-64	133	--	--
65+	326	--	--
Unknown/Refused	14	--	--
Gender			
Male	614	34	6
Female	827	8	1
Education			
< H.S. Grad.	156	1	1
High School Grad.	450	11	3
Some College	446	12	3
College Grad.	384	18	5
Unknown/Refused	5	--	--
Income			
< $10,000	104	5	8
$10,000-$19,999	247	12	5
$20,000-$34,999	370	12	3
$35,000-$50,000	273	8	3
> $50,000	182	4	2
Unknown/Refused	265	1	.4
Employment			
Employed for Wages	795	35	5
Self-Employed	143	4	2
Not Emp. for Wages	186	3	2
Retired	314	--	--
Unknown/Refused	3	--	--
Marital Status			
Married	826	8	1
Divorced/Separated	199	5	3
Widowed	162	--	--
Never Married/U.C.	243	29	13
Unknown/Refused	11	--	--
Pop. Density			
Urban	684	23	3
Rural	247	4	2
Mixed Urban & Rural	471	14	4
Unknown/Refused	39	1	--

* Reported driving after having too much to drink at least once in the past month.

Table J: HIV/AIDS At Risk*

Demographic Characteristics	Total Sample Size	Number At Risk	Population At Risk
	N	n	%
Total	1115	109	10
Age Group			
18-24	125	22	16
25-34	300	34	12
35-44	327	35	10
45-54	216	15	7
55-64	133	3	2
Unknown/Refused	14	--	--
Gender			
Male	502	54	10
Female	613	55	9
Education			
< H.S. Grad.	72	5	6
High School Grad.	330	28	8
Some College	377	55	15
College Grad.	335	21	6
Unknown/Refused	1	--	--
Income			
< $10,000	72	10	15
$10,000-$19,999	181	25	13
$20,000-$34,999	294	31	10
$35,000-$50,000	239	23	9
> $50,000	170	10	6
Unknown/Refused	159	10	9
Employment			
Employed for Wages	775	83	10
Self-Employed	123	7	6
Not Emp. for Wages	174	19	13
Retired	40	--	--
Unknown/Refused	3	--	--
Marital Status			
Married	666	40	6
Divorced/Separated	179	17	11
Widowed	27	2	9
Never Married/U.C.	233	50	22
Unknown/Refused	10	--	--
Pop. Density			
Urban	570	54	9
Rural	164	18	11
Mixed Urban & Rural	352	33	10
Unknown/Refused	29	2	__

* Self-reported risk for contracting HIV/AIDS was medium or high.

Table K: Breast Cancer Screening Have Not Had A Recent Clinical Breast Exam*, Women Aged 20+

Demographic Characteristics	Total Sample Size	Number At Risk	Population At Risk
	N	n	%
Total	809	145	17
Age Group			
20-39	308	45	15
40-49	161	27	14
50-59	89	15	17
60-69	101	17	17
70+	151	41	26
Education			
< H.S. Grad.	94	28	26
High School Grad.	255	58	21
Some College	266	38	15
College Grad.	191	20	10
Unknown/Refused	3	1	--
Income			
< $10,000	69	17	21
$10,000-$19,999	157	43	30
$20,000-$34,999	209	33	15
$35,000-$50,000	134	13	11
> $50,000	87	6	6
Unknown/Refused	153	33	19
Employment			
Employed for Wages	395	48	11
Self-Employed	68	16	19
Not Emp. for Wages	141	35	26
Retired	204	46	20
Unknown/Refused	1	--	--
Marital Status			
Married	437	64	14
Divorced/Separated	124	27	20
Widowed	137	36	28
Never Married/U.C.	106	18	19
Unknown/Refused	5	--	--
Pop. Density			
Urban	393	63	16
Rural	144	38	26
Mixed Urban & Rural	256	43	14
Unknown/Refused	16	1	--

Table L: Breast Cancer Screening Have Not Had A Mammogram Within The Past 2 Years, Women Aged 40+

Demographic Characteristics	Total Sample Size	Number At Risk	Population At Risk
	N	n	%
Total	501	150	29
Age Group			
40-49	161	55	32
50-59	89	21	23
60-69	101	27	27
70+	150	47	29
Education			
< H.S. Grad.	78	33	37
High School Grad.	172	53	30
Some College	155	47	31
College Grad.	93	16	14
Unknown/Refused	3	1	--
Income			
< $10,000	37	16	37
$10,000-$19,999	99	39	41
$20,000-$34,999	118	38	32
$35,000-$50,000	74	12	14
> $50,000	52	12	22
Unknown/Refused	121	33	27
Employment			
Employed for Wages	184	46	23
Self-Employed	45	18	38
Not Emp. for Wages	68	26	43
Retired	204	60	27
Marital Status			
Married	266	66	24
Divorced/Separated	80	29	37
Widowed	131	47	38
Never Married/U.C.	22	6	26
Unknown/Refused	2	2	--
Pop. Density			
Urban	228	62	27
Rural	91	28	29
Mixed Urban & Rural	172	59	31
Unknown/Refused	10	1	--

* Women aged 20-39 within past 3 years.
Women aged 40+ within past 2 years.

Table M: Breast Cancer Screening Have Not Had Both A Clinical Breast Exam And A Mammogram Within The Past 2 Years, Women Aged 40 and Older

Demographic Characteristics	Total Sample Size	Number At Risk	Population At Risk
	N	n	%
Total	501	167	32
Age Group			
40-49	161	57	33
50-59	89	26	31
60-69	101	28	28
70+	150	56	35
Education			
< H.S. Grad.	78	35	40
High School Grad.	172	64	37
Some College	155	50	33
College Grad.	93	17	15
Unknown/Refused	3	1	--
Income			
< $10,000	37	16	37
$10,000-$19,999	99	43	45
$20,000-$34,999	118	44	38
$35,000-$50,000	74	13	15
> $50,000	52	12	22
Unknown/Refused	121	39	32
Employment			
Employed for Wages	184	49	25
Self-Employed	45	22	47
Not Emp. for Wages	68	28	47
Retired	204	68	30
Marital Status			
Married	266	75	28
Divorced/Separated	80	30	38
Widowed	131	51	41
Never Married/U.C.	22	9	42
Unknown/Refused	2	2	--
Pop. Density			
Urban	228	67	29
Rural	91	36	38
Mixed Urban & Rural	172	62	33
Unknown/Refused	10	2	--

Table N: Cervical Cancer Screening Had A Pap Smear Test Within The Past 2 Years, Women Aged 18 And Older With A Uterine Cervix

Demographic Characteristics	Total Sample Size	Number At Risk	Population At Risk
	N	n	%
Total	629	116	17
Age Group			
18-24	66	4	9
25-34	145	17	11
35-44	146	31	20
45-54	88	11	10
55-64	46	11	28
65+	132	40	27
Unknown/Refused	6	2	--
Education			
< H.S. Grad.	71	31	41
High School Grad.	182	38	20
Some College	209	29	13
College Grad.	165	16	8
Unknown/Refused	2	2	--
Income			
< $10,000	54	19	32
$10,000-$19,999	108	26	26
$20,000-$34,999	168	32	18
$35,000-$50,000	116	10	8
> $50,000	72	4	5
Unknown/Refused	111	25	18
Employment			
Employed for Wages	327	34	9
Self-Employed	52	8	16
Not Emp. for Wages	117	34	28
Retired	132	39	26
Unknown/Refused	1	1	--
Marital Status			
Married	347	47	13
Divorced/Separated	86	19	21
Widowed	91	32	38
Never Married/U.C.	100	17	18
Unknown/Refused	5	1	--
Pop. Density			
Urban	315	45	14
Rural	103	29	26
Mixed Urban & Rural	195	37	17
Unknown/Refused	16	5	--

Table O: Diabetes Mellitus

Demographic Characteristics	Total Sample Size	Number At Risk	Population At Risk
	N	n	%
Total	1441	58	4
Age Group			
18-24	125	1	1
25-34	300	3	1
35-44	327	6	2
45-54	216	13	6
55-64	133	9	8
65+	326	26	9
Unknown/Refused	14	--	--
Gender			
Male	614	27	5
Female	827	31	3
Education			
< H.S. Grad.	156	15	9
High School Grad.	450	18	4
Some College	446	16	4
College Grad.	384	9	2
Unknown/Refused	5	--	--
Income			
< $10,000	104	4	3
$10,000-$19,999	247	9	3
$20,000-$34,999	370	11	3
$35,000-$50,000	273	9	4
> $50,000	182	2	1
Unknown/Refused	265	23	9
Employment			
Employed for Wages	795	18	2
Self-Employed	143	7	5
Not Emp. for Wages	186	8	4
Retired	314	25	10
Unknown/Refused	3	--	--
Marital Status			
Married	826	35	5
Divorced/Separated	199	7	3
Widowed	162	12	7
Never Married/U.C.	243	2	.4
Unknown/Refused	11	2	--
Pop. Density			
Urban	684	26	4
Rural	247	16	6
Mixed Urban & Rural	471	15	3
Unknown/Refused	39	1	--

Table P: Lack Health Care Coverage

Demographic Characteristics	Total Sample Size	Number At Risk	Population At Risk
	N	n	%
Total	1441	143	10
Age Group			
18-24	125	27	20
25-34	300	42	13
35-44	327	38	12
45-54	216	19	8
55-64	133	10	7
65+	326	7	2
Unknown/Refused	14	--	--
Gender			
Male	614	66	12
Female	827	77	9
Education			
< H.S. Grad.	156	29	23
High School Grad.	450	47	11
Some College	446	43	10
College Grad.	384	24	6
Unknown/Refused	5	--	--
Income			
< $10,000	104	28	26
$10,000-$19,999	247	58	26
$20,000-$34,999	370	27	8
$35,000-$50,000	273	9	3
> $50,000	182	5	3
Unknown/Refused	265	16	8
Employment			
Employed for Wages	795	74	9
Self-Employed	143	17	12
Not Emp. for Wages	186	43	24
Retired	314	9	3
Unknown/Refused	3	1	--
Marital Status			
Married	826	50	7
Divorced/Separated	199	35	18
Widowed	162	10	7
Never Married/U.C.	243	48	21
Unknown/Refused	11	--	--
Pop. Density			
Urban	684	71	11
Rural	247	25	11
Mixed Urban & Rural	471	47	10
Unknown/Refused	39	--	--

Table Q: Have Not Had A Flu Vaccination During the Past 12 Months, Kansans Aged 65 And Older

Demographic Characteristics	Total Sample Size	Number At Risk	Population At Risk
	N	n	%
Total	326	124	38
Age Group			
65-74	176	69	38
75+	150	55	37
Gender			
Male	112	40	36
Female	214	84	39
Education			
< H.S. Grad.	84	36	41
High School Grad.	120	52	43
Some College	69	22	33
College Grad.	49	12	25
Unknown/Refused	4	2	--
Income			
< $10,000	32	17	48
$10,000-$19,999	66	24	37
$20,000-$34,999	76	24	33
$35,000-$50,000	34	8	24
> $50,000	12	4	31
Unknown/Refused	106	47	44
Employment			
Employed for Wages	20	9	46
Self-Employed	20	6	34
Not Emp. for Wages	12	6	53
Retired	274	103	37
Marital Status			
Married	160	56	36
Divorced/Separated	20	6	30
Widowed	135	57	42
Never Married/U.C.	10	5	46
Unknown/Refused	1	--	--
Pop. Density			
Urban	114	42	37
Rural	83	32	42
Mixed Urban & Rural	119	44	34
Unknown/Refused	10	6	--

Table R: Never Had A Pneumonia Vaccination, Kansans Aged 65 And Older

Demographic Characteristics	Total Sample Size	Number At Risk	Population At Risk
	N	n	%
Total	326	205	63
Age Group			
65-74	176	114	66
75+	150	91	61
Gender			
Male	112	69	62
Female	214	136	65
Education			
< H.S. Grad.	84	57	70
High School Grad.	120	79	65
Some College	69	40	58
College Grad.	49	26	55
Unknown/Refused	4	3	--
Income			
< $10,000	32	22	65
$10,000-$19,999	66	41	64
$20,000-$34,999	76	50	68
$35,000-$50,000	34	16	49
> $50,000	12	7	63
Unknown/Refused	106	69	65
Employment			
Employed for Wages	20	16	78
Self-Employed	20	16	80
Not Emp. for Wages	12	7	63
Retired	274	166	61
Marital Status			
Married	160	102	64
Divorced/Separated	20	14	65
Widowed	135	83	62
Never Married/U.C.	10	6	55
Unknown/Refused	1	--	--
Pop. Density			
Urban	114	79	70
Rural	83	49	62
Mixed Urban & Rural	119	70	57
Unknown/Refused	10	7	--

Table S: Do Not Have A Working Smoke Detector In Household

Demographic Characteristics	Total Sample Size	Number At Risk	Population At Risk
	N	n	%
Total	1441	213	14
Age Group			
18-24	125	12	9
25-34	300	45	15
35-44	327	43	14
45-54	216	27	12
55-64	133	19	14
65+	326	62	18
Unknown/Refused	14	5	--
Gender			
Male	614	86	14
Female	827	127	15
Education			
< H.S. Grad.	156	36	25
High School Grad.	450	83	17
Some College	446	60	13
College Grad.	384	33	9
Unknown/Refused	5	1	--
Income			
< $10,000	104	23	22
$10,000-$19,999	247	56	23
$20,000-$34,999	370	51	13
$35,000-$50,000	273	19	8
> $50,000	182	13	7
Unknown/Refused	265	51	18
Employment			
Employed for Wages	795	98	12
Self-Employed	143	21	14
Not Emp. for Wages	186	38	20
Retired	314	55	17
Unknown/Refused	3	--	--
Marital Status			
Married	826	103	13
Divorced/Separated	199	34	17
Widowed	162	37	24
Never Married/U.C.	243	34	15
Unknown/Refused	11	4	--
Pop. Density			
Urban	684	64	9
Rural	247	69	28
Mixed Urban & Rural	471	76	15
Unknown/Refused	39	3	--

Table T: Population Density By County

1990 U.S. Census

County	Pop. Density	Pop. Density Classification
Allen	29.1	Mixed
Anderson	13.4	Rural
Atchison	39.2	Mixed
Barber	5.2	Rural
Barton	32.9	Mixed
Bourbon	23.5	Mixed
Brown	19.5	Rural
Butler	35.4	Mixed
Chase	3.9	Rural
Chautauqua	6.9	Rural
Cherokee	36.4	Mixed
Cheyenne	3.2	Rural
Clark	2.5	Rural
Clay	14.2	Rural
Cloud	15.4	Rural
Coffey	13.3	Rural
Comanche	2.9	Rural
Cowley	32.8	Mixed
Crawford	60.0	Mixed
Decatur	4.5	Rural
Dickinson	22.3	Mixed
Doniphan	20.7	Mixed
Douglas	179.0	Urban
Edwards	6.1	Rural
Elk	5.1	Rural
Ellis	28.9	Mixed
Ellsworth	9.2	Rural
Finney	25.4	Mixed
Ford	25.0	Mixed
Franklin	38.3	Mixed
Geary	79.2	Mixed
Gove	3.0	Rural
Graham	3.9	Rural
Grant	12.5	Rural
Gray	6.2	Rural
Greeley	2.3	Rural
Greenwood	6.9	Rural
Hamilton	2.4	Rural
Harper	8.9	Rural
Harvey	57.5	Mixed
Haskell	6.7	Rural
Hodgeman	2.5	Rural
Jackson	17.5	Rural
Jefferson	29.7	Mixed
Jewell	4.7	Rural
Johnson	744.7	Urban
Kearney	4.6	Rural
Kingman	9.6	Rural
Kiowa	5.1	Rural
Labette	36.5	Mixed
Lane	3.3	Rural
Leavenworth	138.9	Mixed
Lincoln	5.1	Rural
Linn	13.8	Rural
Logan	2.9	Rural
Lyon	40.8	Mixed
McPherson	30.3	Mixed
Marion	13.7	Rural
Marshall	13.3	Rural
Meade	4.3	Rural
Miami	40.7	Mixed
Mitchell	10.3	Rural
Montgomery	60.2	Mixed
Morris	8.9	Rural
Morton	4.8	Rural
Nemaha	14.5	Rural
Neosho	29.8	Mixed
Ness	3.8	Rural
Norton	6.8	Rural
Osage	21.7	Mixed
Osborne	5.5	Rural
Ottawa	7.8	Rural
Pawnee	10.0	Rural
Phillips	7.4	Rural
Pottawatomie	19.1	Rural
Pratt	13.2	Rural
Rawlins	3.2	Rural
Reno	49.7	Mixed
Republic	9.0	Rural
Rice	14.6	Rural
Riley	110.1	Mixed
Rooks	6.8	Rural
Rush	5.3	Rural
Russell	8.9	Rural
Saline	68.5	Mixed
Scott	7.4	Rural
Sedgwick	403.6	Urban
Seward	29.3	Mixed
Shawnee	292.7	Urban
Sheridan	3.4	Rural
Sherman	6.6	Rural
Smith	5.7	Rural
Stafford	6.8	Rural
Stanton	3.4	Rural
Stevens	6.9	Rural
Sumner	21.9	Mixed
Thomas	7.7	Rural
Trego	4.2	Rural
Wabaunsee	8.3	Rural
Wallace	2.0	Rural
Washington	7.9	Rural
Wichita	3.8	Rural
Wilson	17.9	Rural
Woodson	8.2	Rural
Wyandotte	1,070.0	Urban

Source: Kansas Statistical Abstract 1993-94